#### 2026

# **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**

What were the results of year #2?

The results were not as good as we had hoped for year number two. We sold 709 tickets through the Eventbrite system and there were another 50 tickets sold through one of our local radio partners (LCRG). That means we had 759 people there. While not the 1,000 we had hoped for, stepping back and trying to be objective, that is pretty good all things considering hurricane Helene passed through western South Carolina on the 26th and 27th. (The event was on the 28th)

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 get to 1000 this year. 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 four seems reasonable.

What have we learned so far?

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

We also saw many of our attendees go to restaurants and the shops across the street after the event ended. We also had some nice feedback from Roni Allbriton at Shelter Cove Town Center regarding our attendees visiting many of the shops.

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The plan - Post 3x per week to start and scale up to 5x per week. Focus on selling tickets and building brand awareness for this new event. These continue to be effective at generating ticket sales and are trackable for the most part.

Budget vs. Actual \$6,500 vs. \$7,750

Results - 182,000 impressions

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The plan - Target higher net worth individuals in the drive market. - North Florida > Atlanta > Asheville > Columbia > Charleston. Focused on women from \$200 k households with interests in travel, food, wine and decor. This continues to be our most effective form of marketing. Our opening rates continue to be around 20% +/- for each separate mailing.

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

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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 effective. We covered the Columbia and HHI areas and saw decent results.

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and other activities and there is a good ROI for the investment in Rhythm & Brews.

We asked for an additional \$10,000 this year and there is a reason for this. The festival is going to pay to bring in a rising musician from Nashville. She was on the stage at the CMA's recently and has a huge online presence. She has almost 3M social media followers and over 40M views of her songs on YouTube. She is obviously very savvy on social media. And we hope that will translate to increased ticket sales. She is also helping us to promote Rhythm & Brews on her social media sites as well. If this works out, we would like to try and bring her back again next year. This opportunity didn't occur until we were selling tickets for the event. So, we think with more time, we could really drive tourism with her help. She grew up in the Jacksonville area and currently resides in Nashville. We hope both these areas will become strong markets.

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By the time we make our presentation in October, we will be past the event. So, we will know exactly what benefits did or didn't occur. If the numbers do not justify the additional request this year, then we will just ask for the \$30,000 we received in the past.

Thank you for your consideration and by the time of our presentation, we will have hosted year #3 and we will share those numbers with the committee.

#### 2026

# **Accommodations Tax Funds Request Application**

Date Received: 09/05/2025 Time Received: 02:54 PM By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 5, 2025

#### 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(s): September 26 (27th?), 2026 Event Location(s): Shelter Cove Park

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 developing a craft beer event in the fall to take advantage of this growing trend. We will use funds to continue to grow the music and craft beer festival. It will be for 1 day in 2025, but the goal will be to grow it into a 2 day event for 2026 if we receive additional money.

The majority of the money would be used on marketing, but some would also help cover band 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/project/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 enhance their exerience & create a memorable experience they will remember for years to come.

A. Total Number of Physical Tourists Served: 256

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: 191

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: 313

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): 759

How was the Number of visitors documented? (250 words or less)

We work with 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 41st 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 \$142,000 in hospitality scholarship support to USCB and the Technical College of the Lowcountry over the past eleven years, on behalf of the John and Valerie Curry Foundation. With our success from this year, we are donating \$25,000 between the two institutions this year and are budgeting another \$25,000 for next year.

We have a strong history of driving high quality tourists to the island and look to continue that tradition with this event.

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 2017-2025
- 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.

With this being a newer event, we are even more dependant on funds than most.

The HHWFF did absorb a large loss the first year and a small loss the second year of building this event, so we are not asking for ATAX to be the sole source of funds, even though it is a high percentage of revenue currently.

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 we get to 50% are tourists.

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.

We also think the addition of Kaylee Rose will generate enough exposure to justfiy the invetment from ATAX.

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:

1 - Destination Advertising/Promotion  Advertising and promotion of tourism so as to develop and increase tourist att through the generation of publicity.	endence 88	(	%
2 - Tourism-Related Events  Promotion of the arts and cultural events.	12	2 (	%
3 - Tourism-Related Facilities Construction, maintenance and operation of facilities for civic and cultural acti including construction and maintenance of access and other nearby roads and the facilities.	,	) '	%
4 - Tourism-Related Public Services The criminal justice system, law enforcement, fire protection, solid waste colle health facilities when required to serve tourists and tourist facilities. This is basestimated percentage of costs directly attributed to tourist. Also includes public such as restrooms, dressing rooms, parks and parking lots.	sed on the	) '	%
5 - Tourist Public Transportation  Tourist shuttle transportation.	(	) '	%
6 - Waterfront Erosion/Control/Repair Control and repair of waterfront erosion.	(	) '	%
7 - Operation of Visitor Information Centers  Operating visitor information centers.	(	) (	%

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)

Total:

100 %

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

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

Since we have started, there is now another craft beer event in Shelter Cove the week after our and another event put on at The Bank the same day as ours.

I am wondering, if with the Chamber's help, could there be a good plan put together to promote visiting the island for all of those events?

We are talking to others who are involved with the music scene on the island to see how we might be able to colaborate to help grow everyone's events.

#### 7. Additional comments. (250 words or less)

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.

We did see a 15% increase of attendance in year 2, despite hurricane Helene being announced a week before the event. The huricane then went by to the west uf us a couple days before the event. That appeared to really hurt ticket sales which often see the largests sales numbers in the last week before an event. (especially for a new event) We did refund some tickets for the event for people from NC who physically couldn't get to the event due to road closures from Helene.

We also suspect that Helene really skewed our numbers towards locals. In speaking with many properties around the island, they saw cancellations and lower bookings due to Helene as well.

We think we will see many more tourists this year as long as the weather cooperates.

#### 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.

The numbers below are for ONLY the Rhythm & Brews event. When you look at everything as a whole, 27% come from Govt/14% from Corporate/58% from Tickets, sales & services for the entire organization&a

2. Please also estimate, as a percentage, the source of	
Government Sources	Private Contributions, Donations and Grants
3 Corporate Support, Sponsors	Membership, Dues, Subscriptions
Ticket Sales, or Sales  52 and Services	Other
Has the organization requested other ATAX or any organizations?  Yes X No	other funding from other public sources or
If so, please list top 3 sources and amounts.	
HHI ATAX for the Wine and Food Festival	\$130,000.00
SCPRT	\$5,000.00
FINANCIAL INFORMATION:	<b>,</b> , ,
FINANCIAL INFORMATION:  Fiscal Year Disclosure: Start Month: July End Month	
FINANCIAL INFORMATION:	: June
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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 2023 - Previous FY 2

FY 2024 - Previous FY 1

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

Current year IRS Form 990 or 990T Provided: Yes

Previous IRS Form 990 or 990T Years Provided:

FY 2020 (Ends June 2021) - Previous FY 1

FY 2021 - Previous FY 2

FY 2022 - Previous FY 1

FY 2023 - Previous FY 1

#### E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

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

#### F. MEASURING EFFECTIVENESS:

If you received 2024 or 2025 HHI ATAX funds

1. List any ATAX award amounts received in 2024 and/or 2025.

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
2025	\$130,000.00	Hilton Head Wine & Food Festival

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

The ATAX funds were used to try and drive visitors to the island and to increase the attendance from the first year which was around 690 people.

We used the funds by focusing on digital, email and social media marketing mostly since they have been the most effective avenues for us in the past. But, we did also use small amounts of print, radio and used an influencer who did a good job.

Honestly, the results were a little disappointing, but that was because hurricane Helene was in the news for the week before the event and went by us to the west. It appeared to hamper sales from people outside the area who were worried about the weather.

That being said, we did see and increase of about 10%, but that is off a smaller number. But being up in a year with a weather issue give us hope for continuing to grow as we move forward.

For the tourists we did attract, we were happy with the numbers. 33% of attendees had a household income over \$200k and if they only stayed 1 night, that probably generated about \$25 in room sales, if not more. Also, over 50% of visitors said that R&B was the primary reason for their visit to the island.

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. We also attracted an older demographic which has a good household income and 87% have no children living at home. So we are attracting people with a larger disposable income into the local economy.

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 (disposable income)
- 5 etc.

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

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

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

#### G. **EXECUTIVE SUMMARY**

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 you create 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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Thank you for your consideration and by the time of our presentation, we will have hosted year #3 and we will share those numbers with the committee.

Signature: Jeffrey Gerber

Title/Position: Executive Director

Mailing Address: 1620 Crestwood Drive, Columbia, SC 29205

Email Address: circlemstr@gmail.com

Office Phone Number:

Home Phone Number:



# 2025 Rhythm and Brews Festival



**SUSCB** CENTER FOR LOWCOUNTRY HOSPITALITY EDUCATION

# EXECUTIVE SUMMARY

At the request of festival organizers, the University of South Carolina Beaufort (USCB) conducted an on-site survey at the 2025 Rhythm and Brews festival on September 27, 2025. The purpose of the survey was to gain insight into festival attendees and identify how these attendees contribute to the Island's economy and local tourism.

Research staff collected data from festival goers via requesting attendees to answer question about the festival. The survey was administered digitally, via iPads, which were provided to attendees to answer the survey. At the conclusion of the survey, participants were pretzel necklace for their time. These necklaces were provided by the event organizers. Additionally, this year at this event, the weather was not the best, so that may have impacted the data somewhat.

Overwhelmingly, participants enjoyed the event with 79.39% giving the festival a "5 Star" rating. This is further supported by the percentage of attendees who plan to return to the festival (65.22% extremely likely, 24.84% very likely) and recommend the festival to friends (68.52% extremely likely, 27.78% very likely). Below are a few data points to consider for improving the festival next year:

- Social media (primarily the Rhythm and Brews social media accounts) was the number one method of first learning about the festival (29.94%), followed by word of mouth (28.03%). This is the first time that Word of Mouth has not been the number one driver of attendees to this festival.
- Attendees largely local, with 62.91% of attendees surveyed living within 50 miles of the event venue.
- Primarily older demographic (64.07% are aged 55+) with the plurality of participants' annual household falling within the \$200,000+/year group.
- Respondents were a roughly 40-60 split of males to females, with slightly more females responding to the survey. Anecdotally, this is due to wives of coupes filling out the survey on behalf of the pair.
- Growing population of individuals under the age of 45.
- The festival's website was the most common website for people to learn more about this event.
- No respondents came from outside the Untied States.

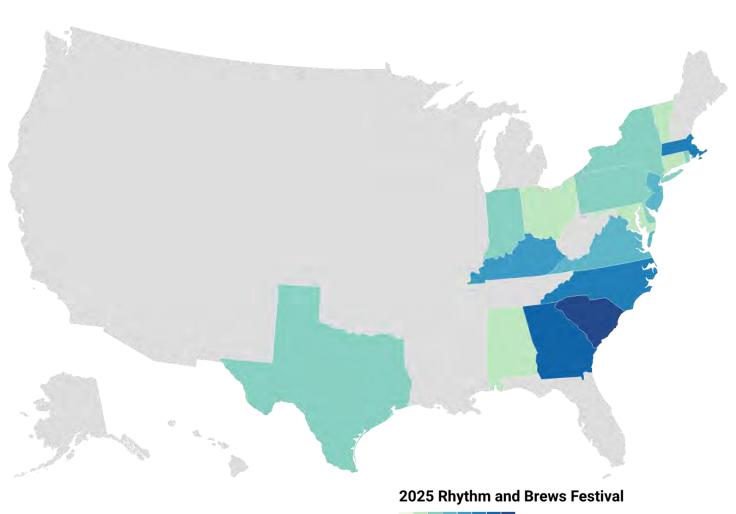
In the attached report, data for each survey item is graphically represented for ease of comparison.

172
Total Responses



# Enter the ZIP CODE for your PRIMARY residence.

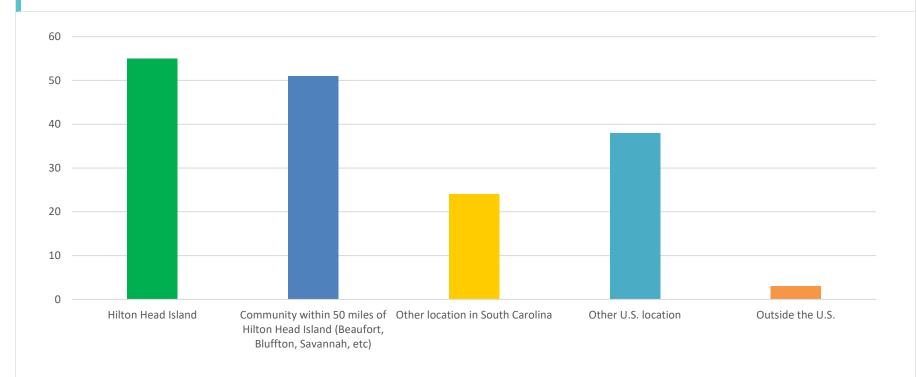
TYPE: INTEGER. 159 out of 172 respondents answered this question. (13 were without data.)



State of Residence	Respondents
South Carolina	121
Georgia	10
North Carolina	6
Massachusetts	6
Kentucky	4
Virginia	3
New Jersey	3
New York	2
Pennsylvania	2
Indiana	2
Delaware	2
Texas	2
Rhode Island	2
Ohio	1
Connecticut	1
Maryland	1
Alabama	1
Vermont	1

# Where is your PRIMARY residence?

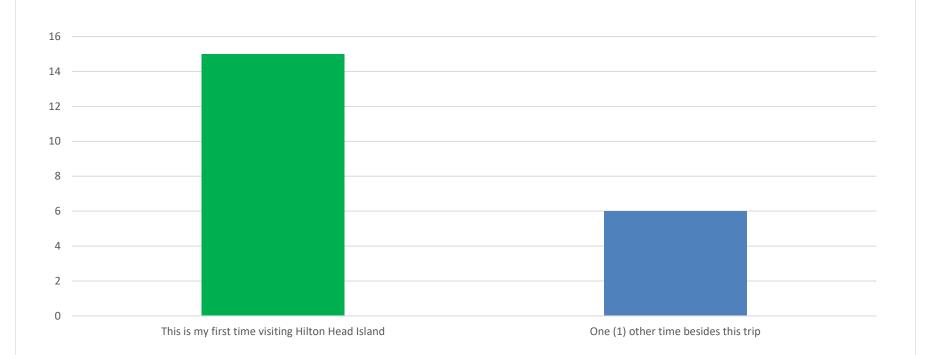
TYPE: SELECT\_ONE. 172 out of 172 respondents answered this question. (0 were without data.)



Value	Frequency	Percentage
Hilton Head Island	55	32.16%
Community within 50 miles of Hilton Head Island (Beaufort, Bluffton, Savannah, etc)	51	29.82%
Other location in South Carolina	24	14.04%
Other U.S. location	38	22.22%
Outside the U.S.	3	1.75%

# Are you from Georgia?

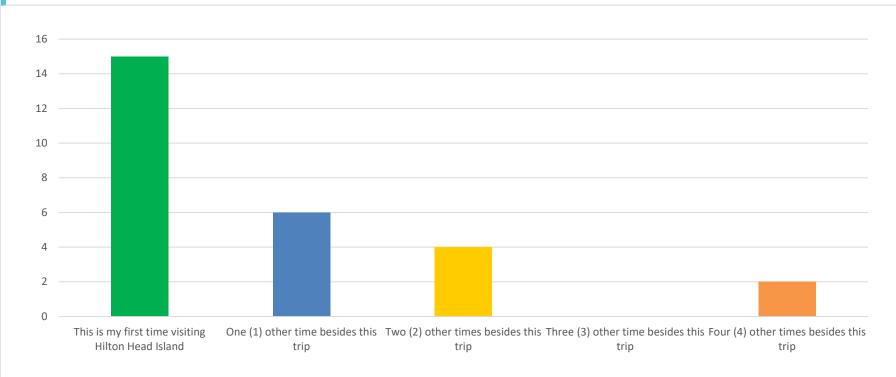
TYPE: SELECT\_ONE. 37 out of 172 respondents answered this question. (135 were without data.)



Value	Frequency	Percentage
Yes	6	16.22%
No	31	83.78%

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

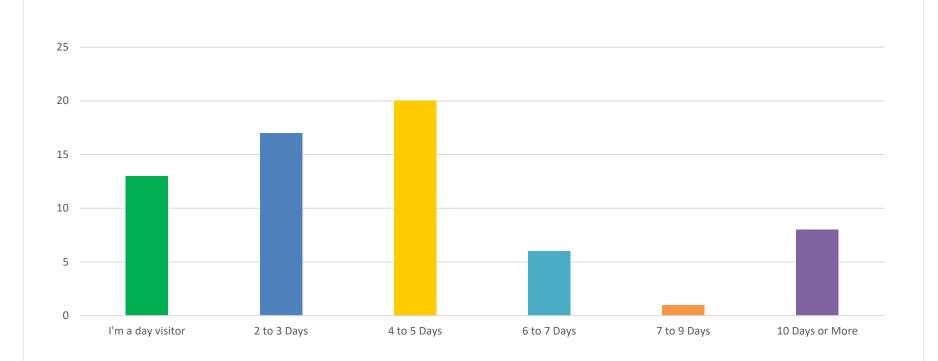
TYPE: SELECT\_ONE. 63 out of 172 respondents answered this question. (109 were without data.)



Value	Frequency	Percentage
This is my first time visiting Hilton Head Island	15	23.81%
One (1) other time besides this trip	6	9.52%
Two (2) other times besides this trip	4	6.35%
Three (3) other time besides this trip	0	0.00%
Four (4) other times besides this trip	2	3.17%
Five (5) or more other times besides this trip	36	57.14%

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

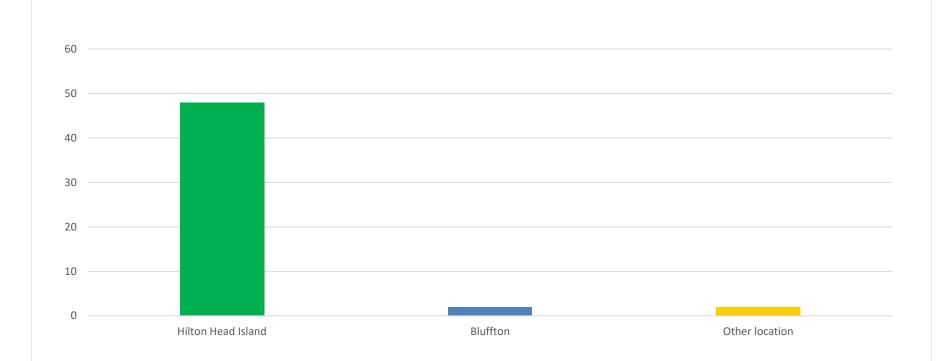
TYPE: SELECT\_ONE. 65 out of 172 respondents answered this question. (107 were without data.)



Value	Frequency	Percentage
I'm a day visitor	13	20.00%
2 to 3 Days	17	26.15%
4 to 5 Days	20	30.77%
6 to 7 Days	6	9.23%
7 to 9 Days	1	1.54%
10 Days or More	8	12.31%

# Where are you staying overnight on this trip?

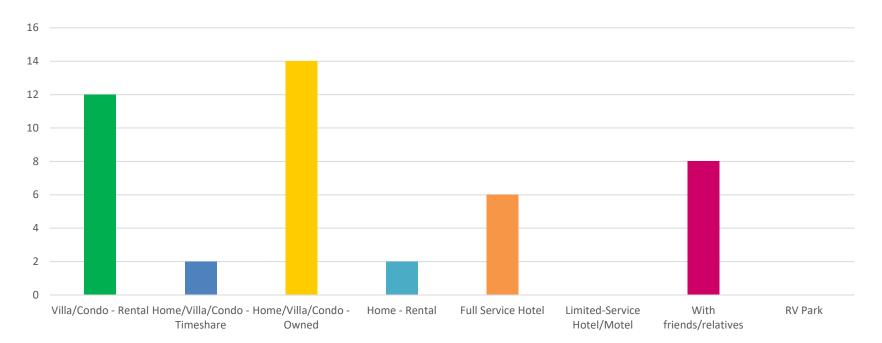
TYPE: SELECT\_ONE. 52 out of 172 respondents answered this question. (120 were without data.)



Value	Frequency	Percentage
Hilton Head Island	48	92.30%
Bluffton	2	3.80%
Other location	2	3.80%

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

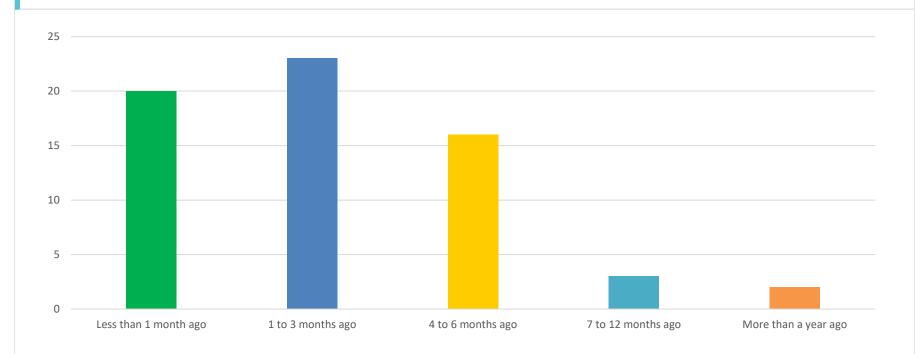
TYPE: SELECT\_ONE. 44 out of 172 respondents answered this question. (128 were without data.)



Value	Frequency	Percentage
Villa/Condo - Rental	12	27.27%
Home/Villa/Condo - Timeshare	2	4.55%
Home/Villa/Condo - Owned	14	31.82%
Home - Rental	2	4.55%
Full Service Hotel	6	13.64%
Limited-Service Hotel/Motel	0	0.00%
With friends/relatives	8	18.18%
RV Park	0	0.00%

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

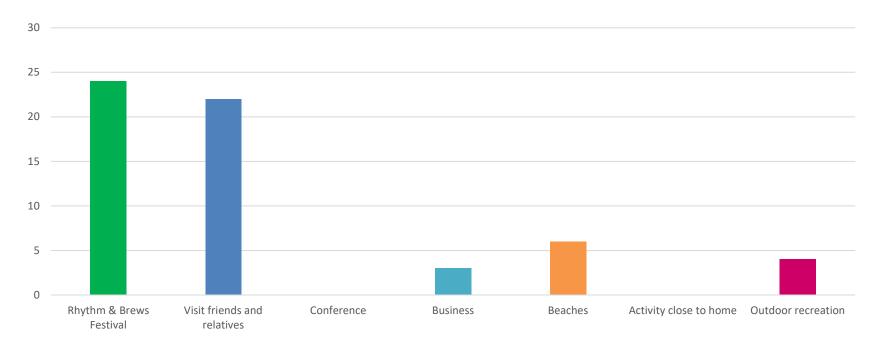
TYPE: SELECT\_ONE. 64 out of 172 respondents answered this question. (108 were without data.)



Value	Frequency	Percentage
Less than 1 month ago	20	31.25%
1 to 3 months ago	23	35.94%
4 to 6 months ago	16	25.00%
7 to 12 months ago	3	4.69%
More than a year ago	2	3.13%

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

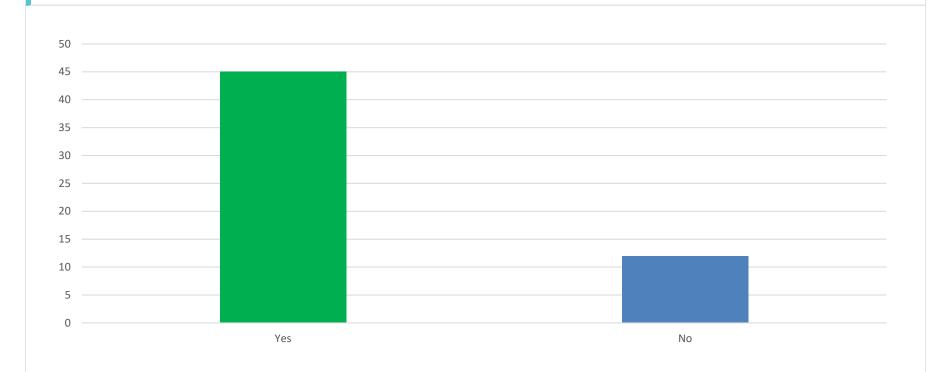
TYPE: SELECT\_ONE. 62 out of 172 respondents answered this question. (110 were without data.)



Value	Frequency	Percentage
Rhythm & Brews Festival	24	40.68%
Visit friends and relatives	22	37.29%
Conference	0	0.00%
Business	3	5.08%
Beaches	6	10.17%
Activity close to home	0	0.00%
Outdoor recreation	4	6.78%
Rhythm & Brews Festival	24	40.68%

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

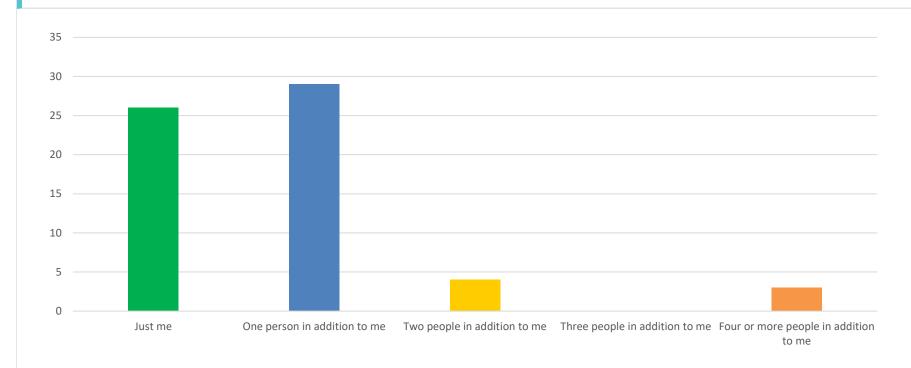
TYPE: SELECT\_ONE. 57 out of 172 respondents answered this question. (115 were without data.)



Value	Frequency	Percentage
Yes	45	78.95%
No	12	21.05%

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

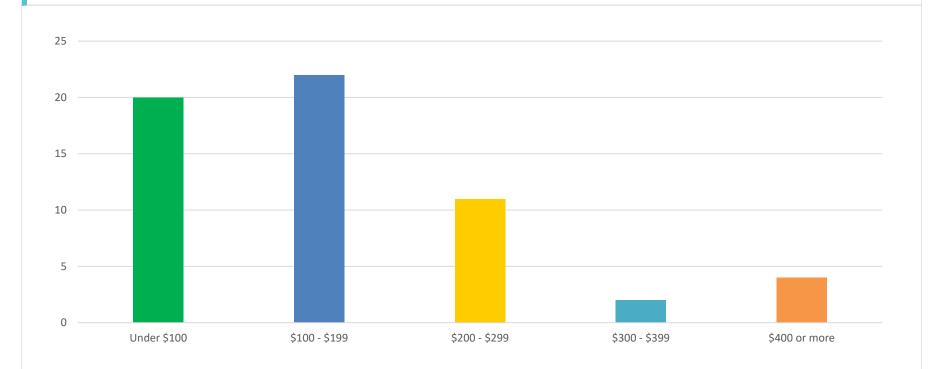
TYPE: SELECT\_ONE. 62 out of 172 respondents answered this question. (110 were without data.)



Value	Frequency	Percentage
Just me	26	41.94%
One person in addition to me	29	46.77%
Two people in addition to me	4	6.45%
Three people in addition to me	0	0.00%

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

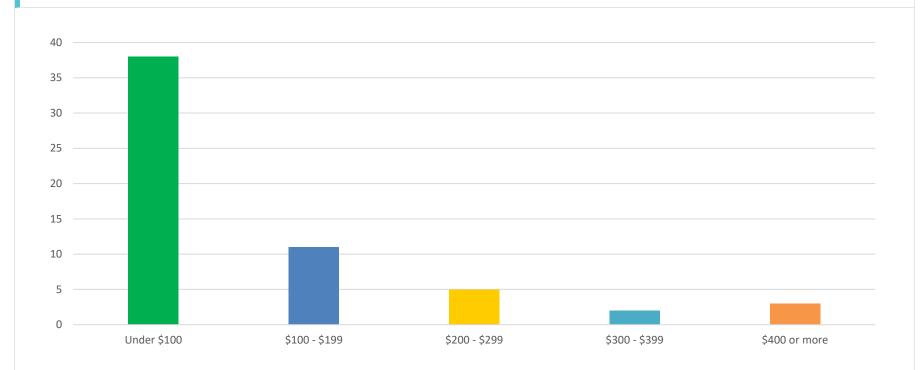
TYPE: SELECT\_ONE. 59 out of 172 respondents answered this question. (113 were without data.)



Value	Frequency	Percentage
Under \$100	20	33.90%
\$100 - \$199	22	37.29%
\$200 - \$299	11	18.64%
\$300 - \$399	2	3.39%
\$400 or more	4	6.78%

# On average, how much do you plan to spend on Recreation (i.e., Bicycling, Golf, Etc) EACH DAY while visiting?

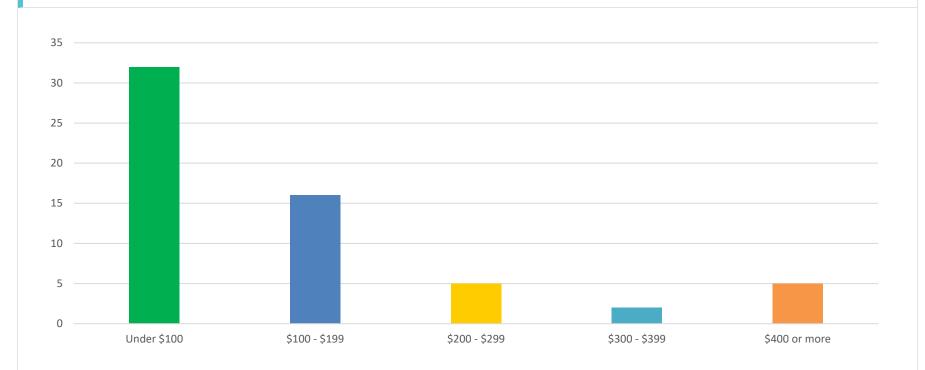
TYPE: SELECT\_ONE. 59 out of 172 respondents answered this question. (113 were without data.)



Value	Frequency	Percentage
Under \$100	38	64.41%
\$100 - \$199	11	18.64%
\$200 - \$299	5	8.47%
\$300 - \$399	2	3.39%
\$400 or more	3	5.08%

# On average, how much do you plan to spend on Retail (i.e., Gifts, Souvenirs, Etc) EACH DAY while visiting?

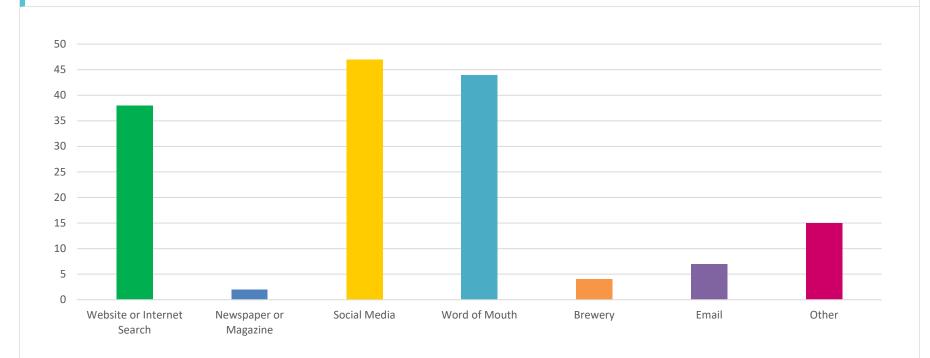
TYPE: SELECT\_ONE. 60 out of 172 respondents answered this question. (112 were without data.)



Value	Frequency	Percentage
Under \$100	32	53.33%
\$100 - \$199	16	26.67%
\$200 - \$299	5	8.33%
\$300 - \$399	2	3.33%
\$400 or more	5	8.33%

#### How did you FIRST learn about this festival?

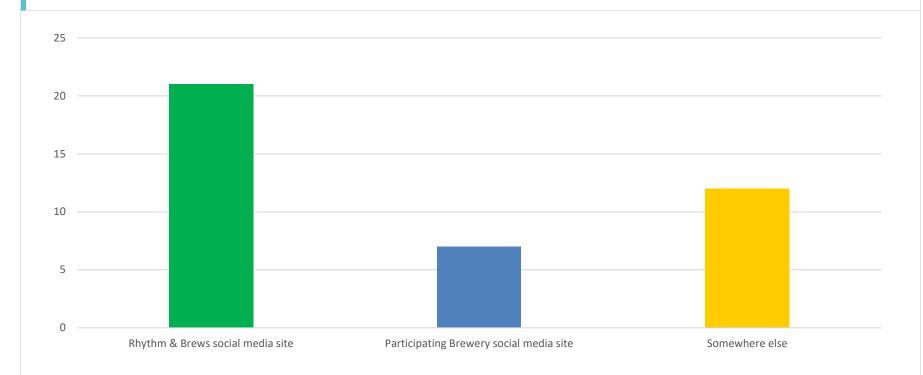
TYPE: SELECT\_MULTIPLE. 164 out of 172 respondents answered this question. (8 were without data.)



Value	Frequency	Percentage
Website or Internet Search	38	24.20%
Newspaper or Magazine	2	1.27%
Social Media	47	29.94%
Word of Mouth	44	28.03%
Brewery	4	2.55%
Email	7	4.46%
Other	15	9.55%

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

TYPE: SELECT\_ONE. 40 out of 172 respondents answered this question. (132 were without data.)



Value	Frequency	Percentage
Rhythm & Brews social media site	21	52.50%
Participating Brewery social media site	7	17.50%
Somewhere else	12	30.00%

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

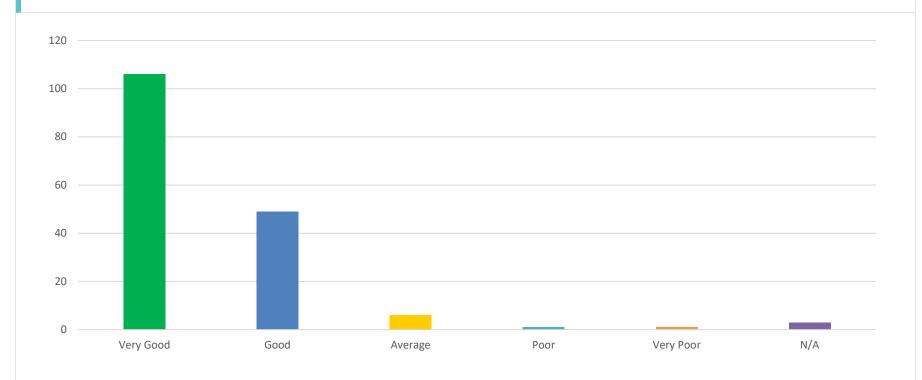
TYPE: SELECT\_ONE. 28 out of 172 respondents answered this question. (144 were without data.)



Value	Frequency	Percentage
Internet Search	10	35.71%
Festival Website	11	39.29%
HiltonHeadIsland.org	5	17.86%
None of the above	2	7.14%

#### How would you rate the Entertainment at this event?

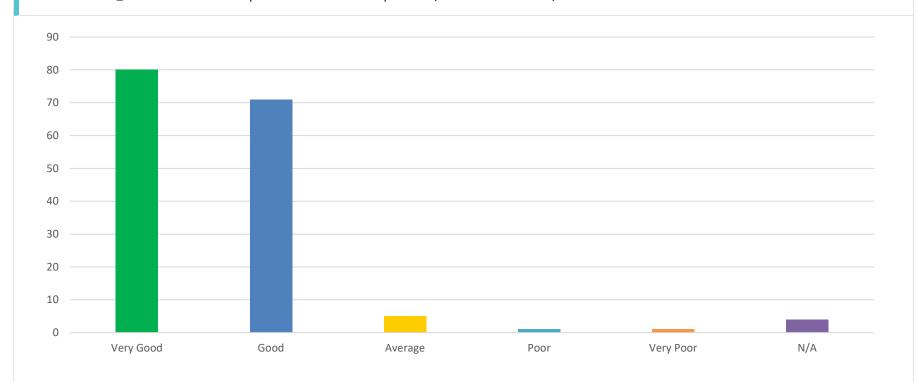
TYPE: SELECT\_ONE. 166 out of 172 respondents answered this question. (6 were without data.)



Value	Frequency	Percentage
Very Good	106	63.86%
Good	49	29.52%
Average	6	3.61%
Poor	1	0.60%
Very Poor	1	0.60%
N/A	3	1.81%

#### How would you rate the Crowd Flow at this event?

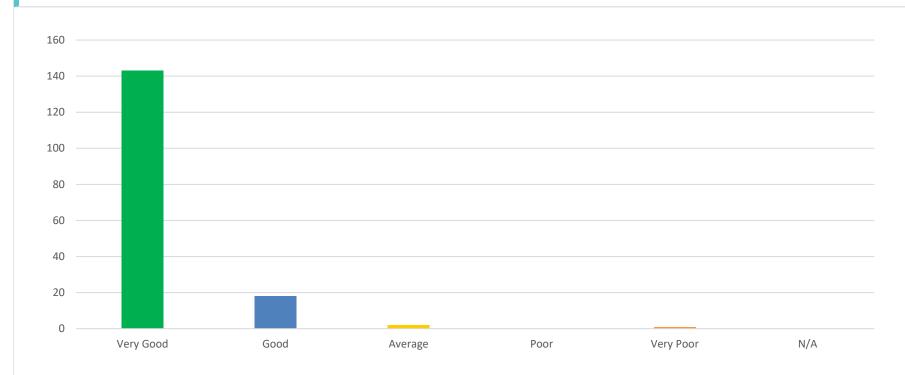
TYPE: SELECT\_ONE. 162 out of 172 respondents answered this question. (10 were without data.)



Value	Frequency	Percentage
Very Good	80	49.38%
Good	71	43.83%
Average	5	3.09%
Poor	1	0.62%
Very Poor	1	0.62%
N/A	4	2.47%

#### How would you rate the friendliness of the staff at this event?

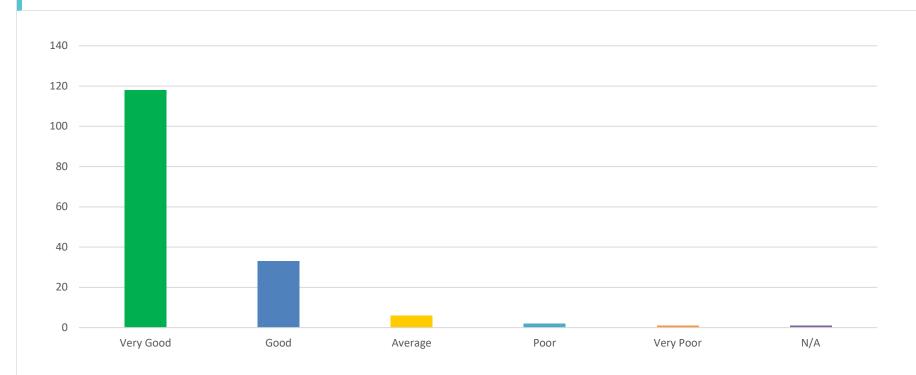
TYPE: SELECT\_ONE. 164 out of 172 respondents answered this question. (8 were without data.)



Frequency	Percentage
143	87.20%
18	10.98%
2	1.22%
0	0.00%
1	0.61%
0	0.00%
	143 18 2 0

#### How would you rate the variety of beer vendors at this event?

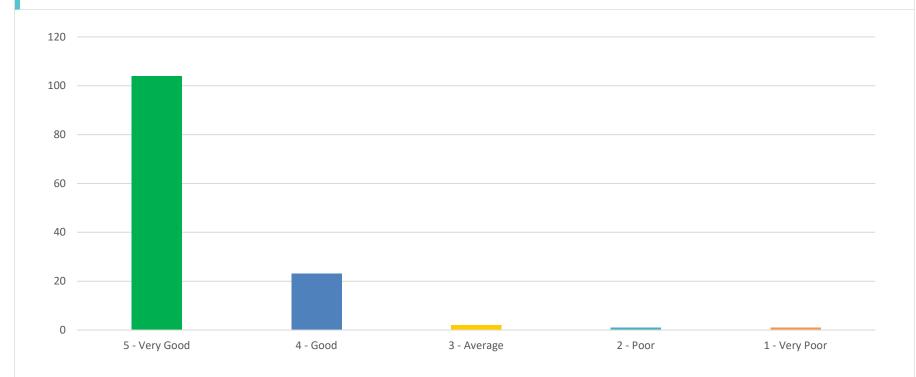
TYPE: SELECT\_ONE. 161 out of 172 respondents answered this question. (11 were without data.)



Value	Frequency	Percentage
Very Good	118	73.29%
Good	33	20.50%
Average	6	3.73%
Poor	2	1.24%
Very Poor	1	0.62%
N/A	1	0.62%

On a scale of 1 to 5, with 5 being the BEST, how would you rate your overall experience with the 2025 Rhythm & Brews Festival?

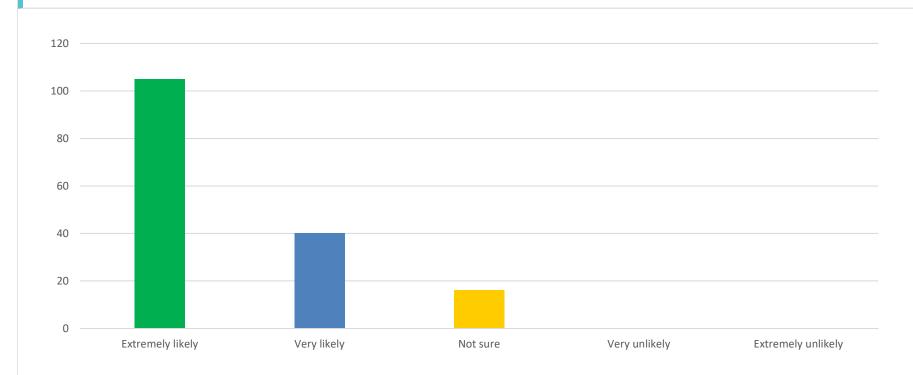
TYPE: SELECT\_ONE. 131 out of 172 respondents answered this question. (41 were without data.)



Value	Frequency	Percentage
5 - Very Good	104	79.39%
4 - Good	23	17.56%
3 - Average	2	1.53%
2 - Poor	1	0.76%
1 - Very Poor	1	0.76%

#### How likely are you to return to next year's festival?

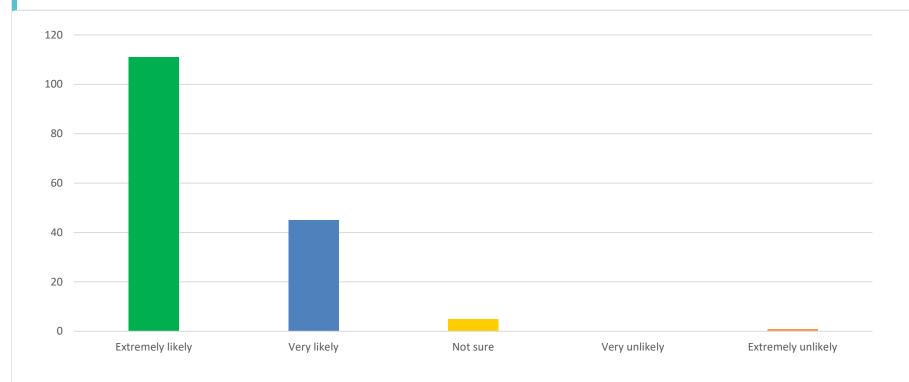
TYPE: SELECT\_ONE. 161 out of 172 respondents answered this question. (11 were without data.)



Value	Frequency	Percentage
Extremely likely	105	65.22%
Very likely	40	24.84%
Not sure	16	9.94%
Very unlikely	0	0.00%
Extremely unlikely	0	0.00%

#### How likely are you to recommend this festival to friends?

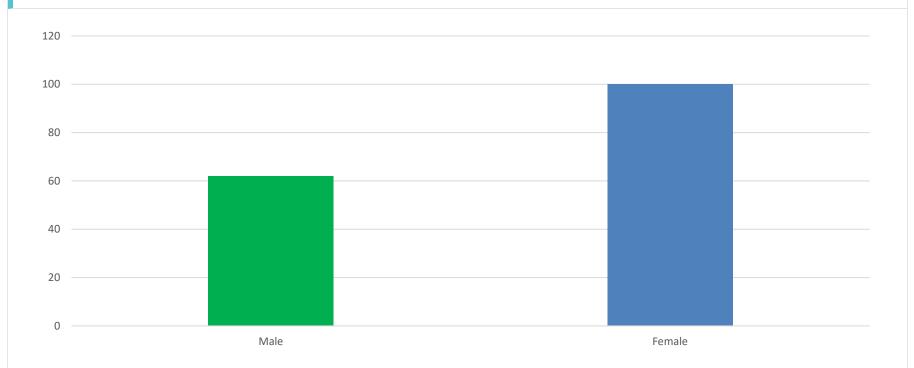
TYPE: SELECT\_ONE. 162 out of 172 respondents answered this question. (10 were without data.)



Value	Frequency	Percentage
Extremely likely	111	68.52%
Very likely	45	27.78%
Not sure	5	3.09%
Very unlikely	0	0.00%
Extremely unlikely	1	0.62%

### How do you identify

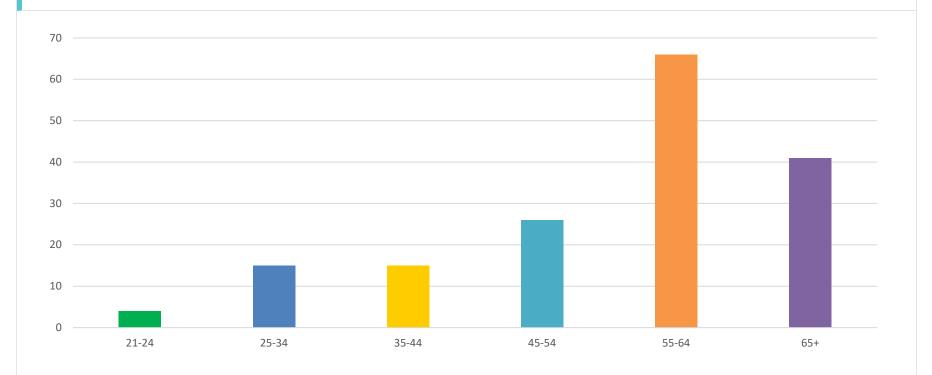
TYPE: SELECT\_ONE. 162 out of 172 respondents answered this question. (10 were without data.)



Value	Frequency	Percentage
Male	62	38.27%
Female	100	61.73%

### Please indicate your age below

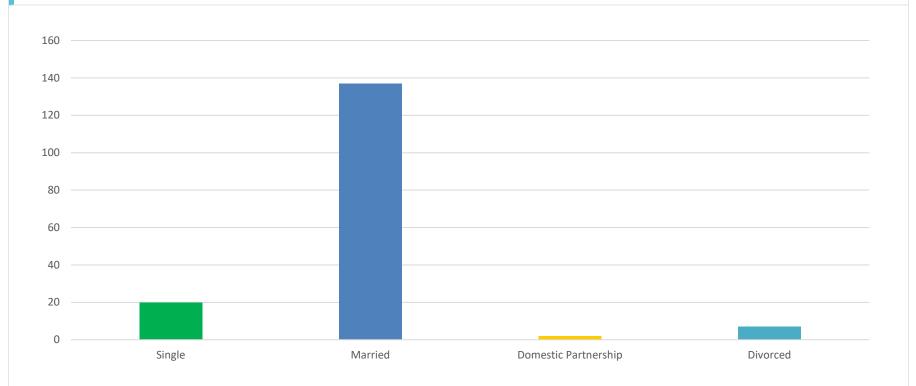
TYPE: SELECT\_ONE. 167 out of 172 respondents answered this question. (5 were without data.)



Frequency	Percentage
4	2.40%
15	8.98%
15	8.98%
26	15.57%
66	39.52%
41	24.55%
	4 15 15 26 66

#### Please indicate your marital status

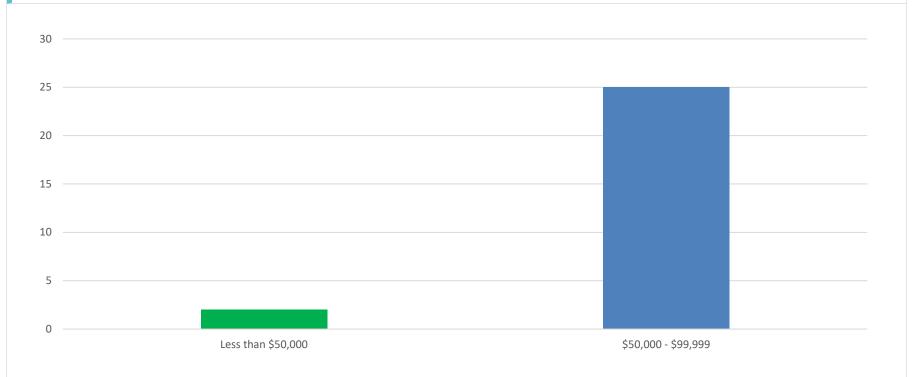
TYPE: SELECT\_ONE. 166 out of 172 respondents answered this question. (6 were without data.)



Value	Frequency	Percentage
Single	20	12.05%
Married	137	82.53%
Domestic Partnership	2	1.20%
Divorced	7	4.22%

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

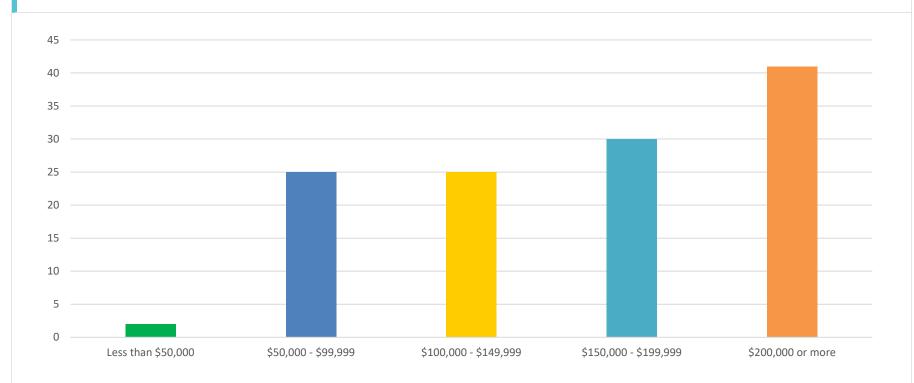
TYPE: SELECT\_ONE. 158 out of 172 respondents answered this question. (14 were without data.)



Value	Frequency	Percentage
Yes	24	15.19%
No	134	84.81%

#### What is your approximate annual household income?

TYPE: SELECT\_ONE. 123 out of 172 respondents answered this question. (49 were without data.)



Value	Frequency	Percentage
Less than \$50,000	2	1.63%
\$50,000 - \$99,999	25	20.33%
\$100,000 - \$149,999	25	20.33%
\$150,000 - \$199,999	30	24.39%
\$200,000 or more	41	33.33%
Less than \$50,000	2	1.63%

# Assorted comments from the 2025 Rhythm and Brews Festival. Sentiment Breakdown - **Positive**, Neutral, *Negative*, and Suggestions.

- A bit better rain accommodations would be nice
- Amazing
- Amazing volunteers
- Amazing. Volunteers Kaelin and Saylor were the BEST. Rebecca, the organizer of this event did a fantastic job!!!
- Awesome
- Fantastic
- For the price should have more free food
- Fun event very organized
- **Fun day** wish there were more distilleries
- Fun time
- Fun!
- Fun, even in the rain
- Good and excellent event
- Good fun
- Good job
- Good luck USCB
- Good time (x2)
- Great
- Great event (x3)
- Great event, rain slowed crowd down a bit
- Great festival
- Great food, drinks, and staff!
- Great fun even with the rain.
- Great time (x4)
- Great time again, after visiting in the Spring
- **Great time.** No rain next year please.
- Great! (x2)
- Had a great time in spite of the weather!!
- Hate the rain but everything else was great
- It was amazing

- More wine and spirits.
- Need more bourbon vendors
- Nice event, wish it wasn't raining.
   Maybe have a social tent for rain cover.
- Nice group of kids doing the surveys
- Other than the weather it's great
- Peoples Are awesome
- Please add more wine
- Please include covered seating. Rain Or shine it's needed for shade or to escape the elements
- Pretzels!
- Pumped
- Rain rain go away
- Rain was a deterrent
- Shame it's raining
- Since it rained, <u>tents over the chairs and tables</u>. Better beer. More food trucks.
   CLEAN BATHROOMS.
- So much fun!
- Thank you (x2)
- Thank you USCB
- THE RAIN STOPPED AND HAD FUN
- The rain was a downer, but the festival was awesome regardless! Thanks for putting it together.
- This is a great place to be
- This was great
- Very friendly
- Very nice event. And love the music
- Very nice
- Very well organized. Friendly volunteers.
- Was great!
- We love this festival every year
- Wish it's wouldn't be held in the rain
- Weather was the only issue
- Wish we had a similar event in KY

# Assorted comments from the 2025 Rhythm and Brews Festival. Sentiment Breakdown - **Positive**, Neutral, *Negative*, and <u>Suggestions</u>.

Total Number of comments68 Responses				
Comments that contained <u>suggestions</u> 5 Res	sponses	7% Requests		
Comments that contained <i>negative</i> aspects 5 Res	sponses	7% Negative		
Comments that contained neutral aspects 14 Re	esponses	21% Neutral		
Comments that contained <b>positive</b> aspects 54 Re	esponses	79% Positive		



**Contact Us:** 

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

Trey Ramsey wjramsey@uscb.edu 843-208-8320 THANK YOU!



CENTER FOR LOWCOUNTRY HOSPITALITY EDUCATION



# Rhythm & Brews



**SUSCB** CENTER FOR LOWCOUNTRY HOSPITALITY EDUCATION

# **EXECUTIVE SUMMARY**

At the request of festival organizers, the University of South Carolina Beaufort (USCB) conducted an on-site survey at the 2024 Rhythm and Brews Festival on September 28, 2024. The purpose of the survey was to gain insight into festival attendees and identify how these attendees contribute to the Island's economy and local tourism.

Research staff collected data from festival goers via requesting attendees to answer question about the festival. The 31-question survey was administered digitally, via iPads, which were provided to attendees to answer the survey. Attendees were also able to complete the survey on participant's cellular devices via QR codes provided by research attendance. At the conclusion of the survey, participants were given a pretzel necklace provide by Rhythm and Brews. Anecdotally, participants were very excited to receive this necklace, and many were seen around the event.

Many participants enjoyed the event with 63.51% of participants reporting the event was "Very Good," with an additional 35.14% responding with "Good" as their overall rating of the event. This sentiment is further supported by the percentage of attendees who plan to return to the festival (62.30% extremely likely, 26.23% very likely) and recommend the festival to friends (65.93% extremely likely, 28.57% very likely). Below are a few notable data points from the event:

- Social Media was the number one method of participants first learning about the festival, followed word of mouth and Internet searches.
- Attendees largely local, with 66.31% of attendees surveyed living within 50 miles of the event venue.
  - o 62% of the above figure (77 individuals) were from Hilton Head Island.
- Primarily older demographic (58.83% are aged 55+) with most participants falling within the \$200,000 per year of household income category. The next largest group was \$50,000-\$99,999 per year, with 21.99% of participants.
- Attendees were almost a roughly 30-70 split of males to females, with anecdotally more females responding to the survey for a couple, which could skew this value. At the event, it seemed to be a closer split, but still with more females in attendance.
- Fairly pronounced age gap before and after 45 years of age.
- 92% of participants enjoyed the entertainment provided.
- No international respondents, with California and Oregon being the furthest states that people traveled from to attend the event.

In the attached report, data for each survey item is graphically represented for ease of comparison, in addition to the complete dataset.

Total Responses

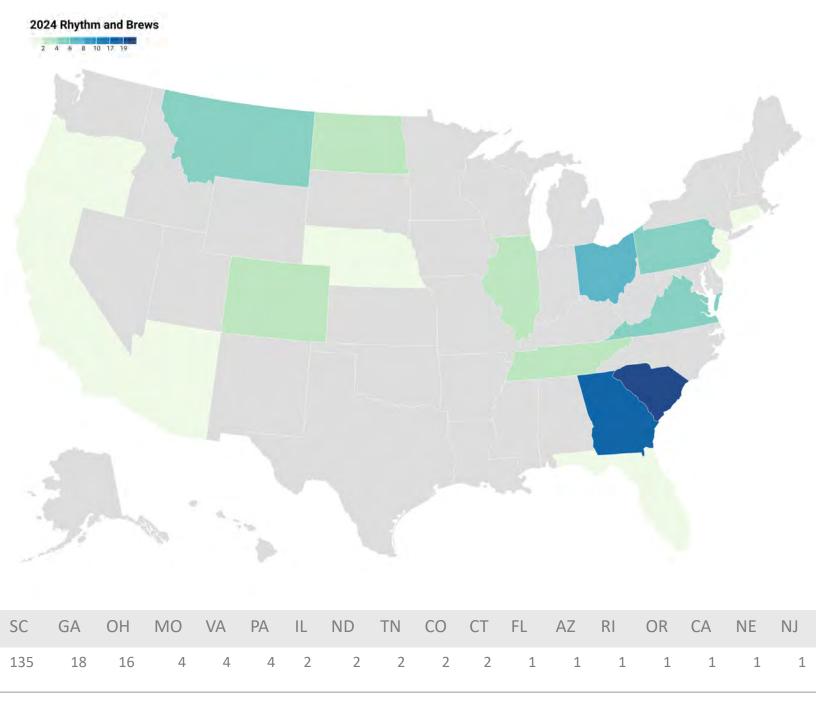






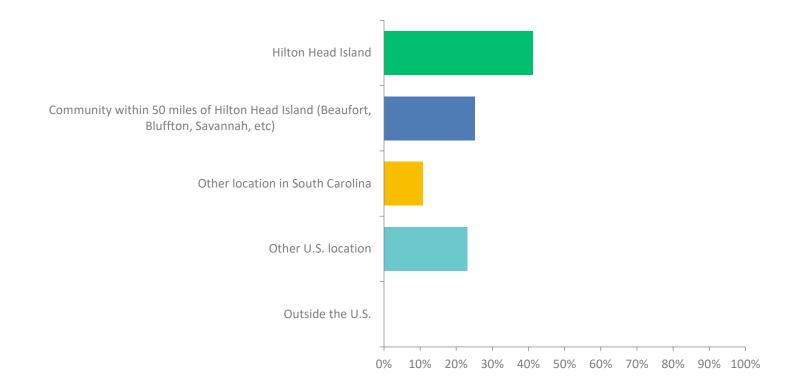
### Q1: Enter the ZIP Code for your primary residence.

Answered: 187 Skipped: 0



### Q2: Where is your PRIMARY residence?

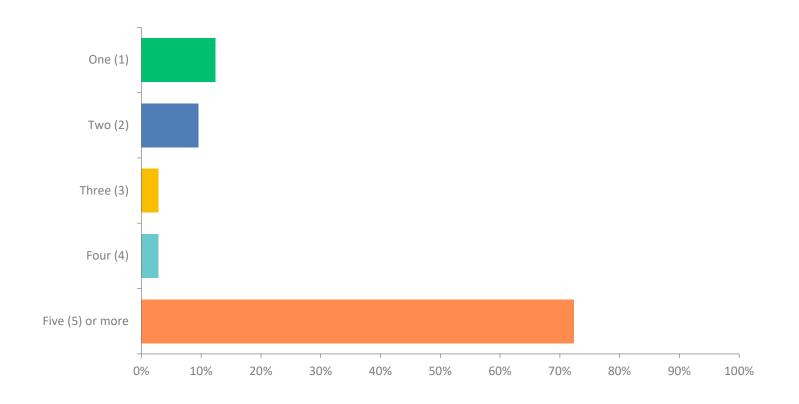
Answered: 187 Skipped: 0



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
Hilton Head Island	41.18%	41.18%	77
Community within 50 miles of Hilton Head Island (Beaufort, Bluffton, Savannah, etc)	25.13%	25.13%	47
Other location in South Carolina	10.70%	10.70%	20
Other U.S. location	22.99%	22.99%	43
Outside the U.S.	0.00%	0.00%	0
ΤΟΤΔΙ			187

# Q6: Including this visit, HOW MANY trips have you taken to Hilton Head Island?

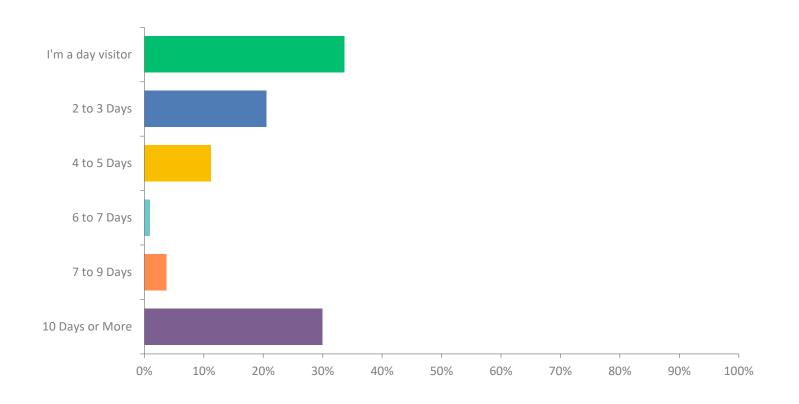
Answered: 105 Skipped: 82



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
One (1)	12.38%	6.95%	13
Two (2)	9.52%	5.35%	10
Three (3)	2.86%	1.60%	3
Four (4)	2.86%	1.60%	3
Five (5) or more	72.38%	40.64%	76
TOTAL			105

# Q7: How many days to you intend to stay in the Hilton Head Island area?

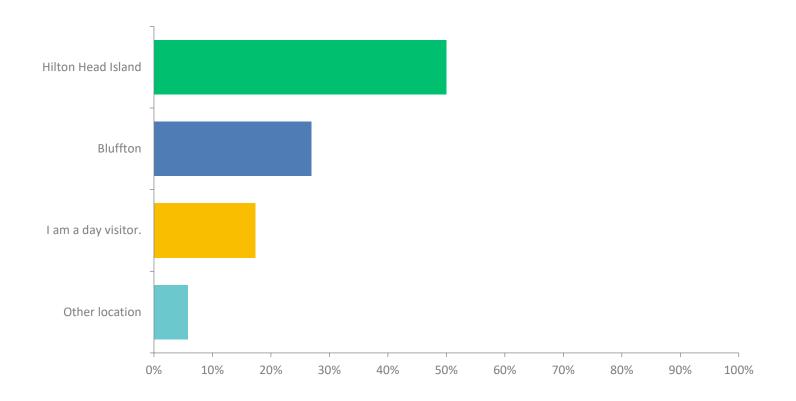
Answered: 107 Skipped: 80



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
I'm a day visitor	33.64%	19.25%	36
2 to 3 Days	20.56%	11.76%	22
4 to 5 Days	11.21%	6.42%	12
6 to 7 Days	0.93%	0.53%	1
7 to 9 Days	3.74%	2.14%	4
10 Days or More	29.91%	17.11%	32
TOTAL			107

# Q8: Where are you staying overnight on this trip?

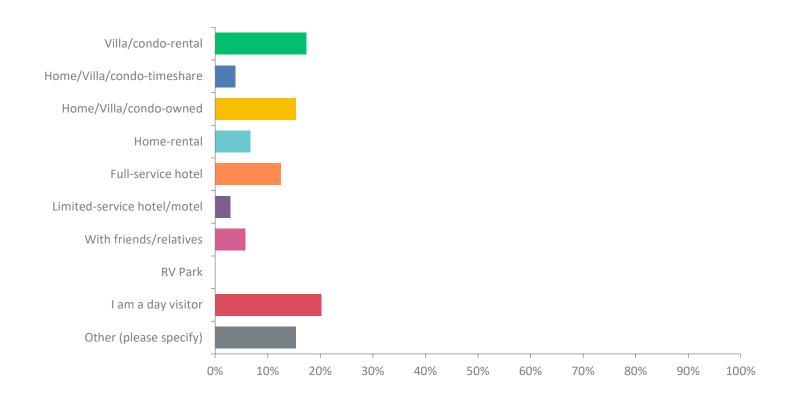
Answered: 104 Skipped: 83



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
Hilton Head Island	50.00%	27.81%	52
Bluffton	26.92%	14.97%	28
I am a day visitor.	17.31%	9.63%	18
Other location	5.77%	3.21%	6
TOTAL			104

### Q9: What type of accommodations are you using while visiting Hilton Head Island?

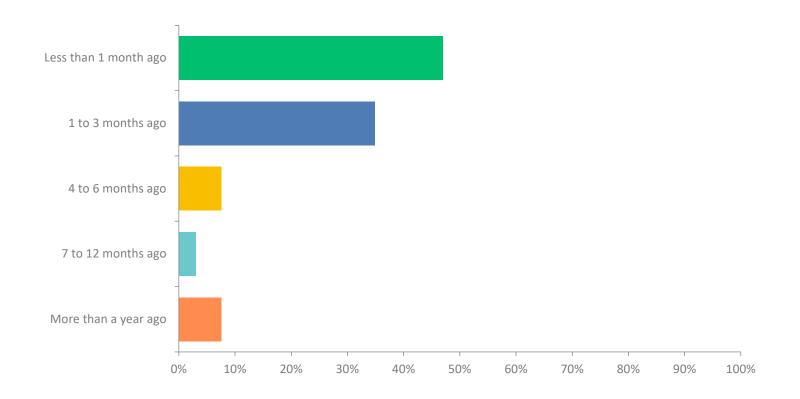
Answered: 104 Skipped: 83



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
Villa/condo-rental	17.31%	9.63%	18
Home/Villa/condo- timeshare	3.85%	2.14%	4
Home/Villa/condo-owned	15.38%	8.56%	16
Home-rental	6.73%	3.74%	7
Full-service hotel	12.50%	6.95%	13
Limited-service hotel/motel	2.88%	1.60%	3
With friends/relatives	5.77%	3.21%	6
RV Park	0.00%	0.00%	0
I am a day visitor	20.19%	11.23%	21
Other (please specify)	15.38%	8.56%	16
TOTAL			104

# Q10: How many months in advance did you book this trip?

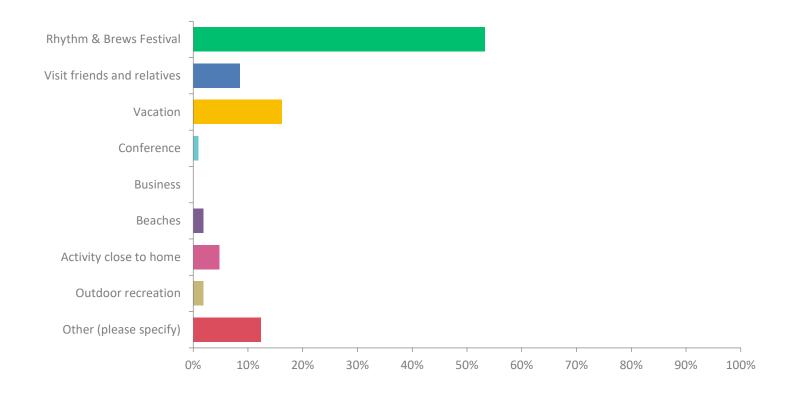
Answered: 66 Skipped: 121



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
Less than 1 month ago	46.97%	16.58%	31
1 to 3 months ago	34.85%	12.30%	23
4 to 6 months ago	7.58%	2.67%	5
7 to 12 months ago	3.03%	1.07%	2
More than a year ago	7.58%	2.67%	5
TOTAL			66

### Q11: What is your PRIMARY reason for this visit to HHI?

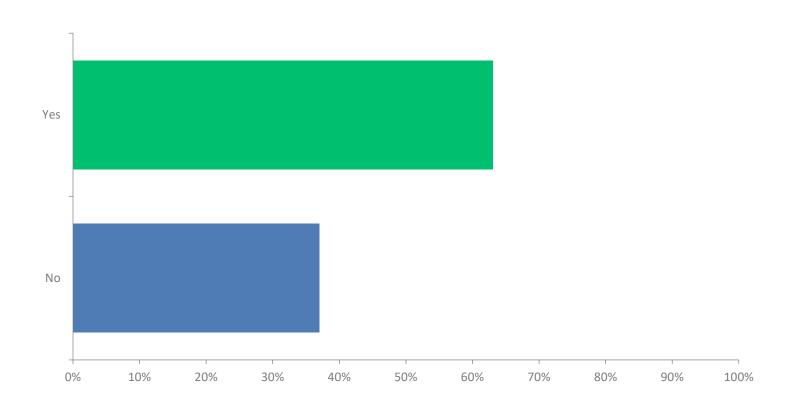
Answered: 105 Skipped: 82



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
Rhythm & Brews Festival	53.33%	29.95%	56
Visit friends and relatives	8.57%	4.81%	9
Vacation	16.19%	9.09%	17
Conference	0.95%	0.53%	1
Business	0.00%	0.00%	0
Beaches	1.90%	1.07%	2
Activity close to home	4.76%	2.67%	5
Outdoor recreation	1.90%	1.07%	2
Other (please specify)	12.38%	6.95%	13
TOTAL			105

# Q12: Would you have visited the Hilton Head area AT THIS TIME even if this fee had not been held?

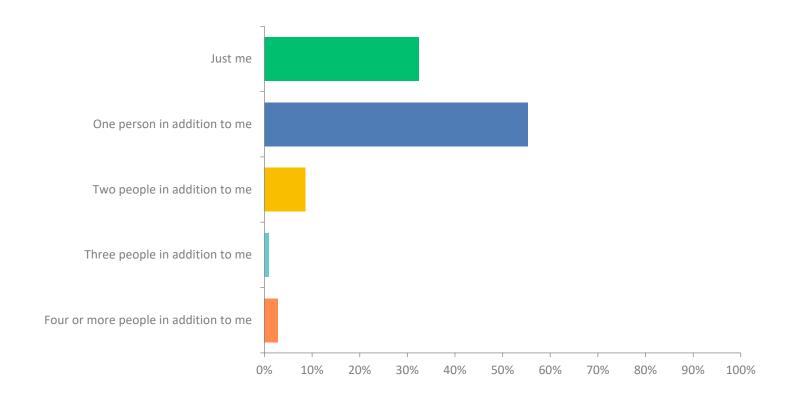
Answered: 100 Skipped: 87



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
Yes	63.00%	33.69%	63
No	37.00%	19.79%	37
TOTAL			100

### Q13: How many people are you financially responsible for during this trip?

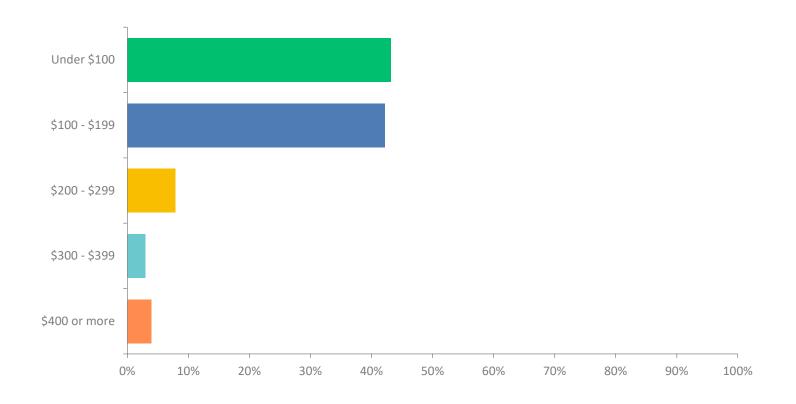
Answered: 105 Skipped: 82



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
Just me	32.38%	18.18%	34
One person in addition to me	55.24%	31.02%	58
Two people in addition to me	8.57%	4.81%	9
Three people in addition to me	0.95%	0.53%	1
Four or more people in addition to me	2.86%	1.60%	3
TOTAL			105

# Q14: On average, how much do you plan to spend on Restaurant Dining EACH DAY while visiting?

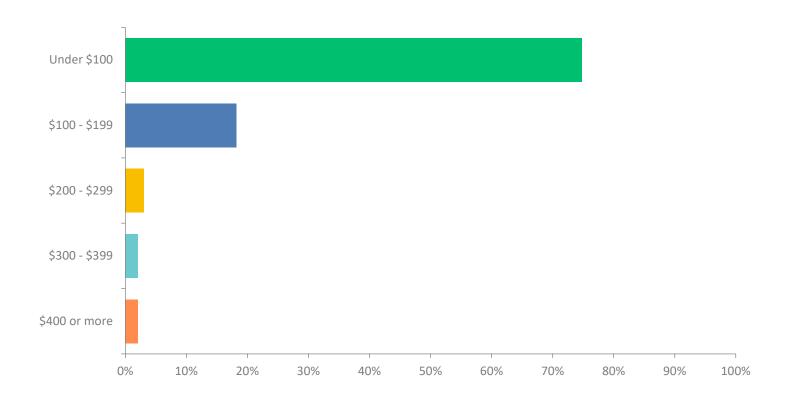
Answered: 102 Skipped: 85



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
Under \$100	43.14%	23.53%	44
\$100 - \$199	42.16%	22.99%	43
\$200 - \$299	7.84%	4.28%	8
\$300 - \$399	2.94%	1.60%	3
\$400 or more	3.92%	2.14%	4
TOTAL			102

# Q15: On average, how much do you plan to spend on Recreation (i.e., Bicycling, Golf, Etc) EACH DAY while visiting?

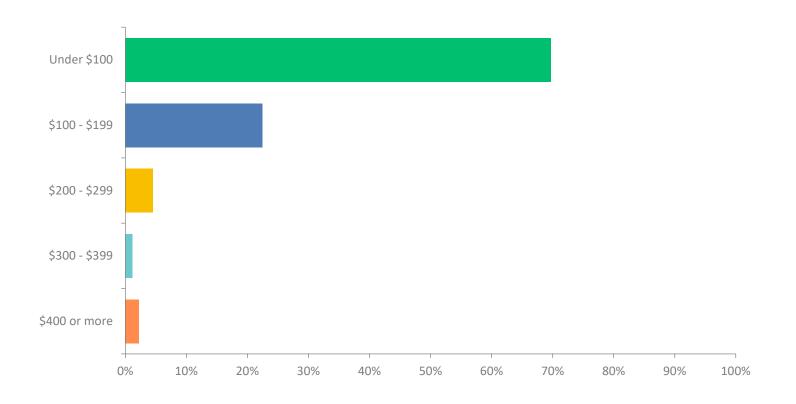
Answered: 99 Skipped: 88



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
Under \$100	74.75%	39.57%	74
\$100 - \$199	18.18%	9.63%	18
\$200 - \$299	3.03%	1.60%	3
\$300 - \$399	2.02%	1.07%	2
\$400 or more	2.02%	1.07%	2
TOTAL			99

# Q16: On average, how much do you plan to spend on Retail (i.e., Gifts, Souvenirs, Etc) EACH DAY while visiting?

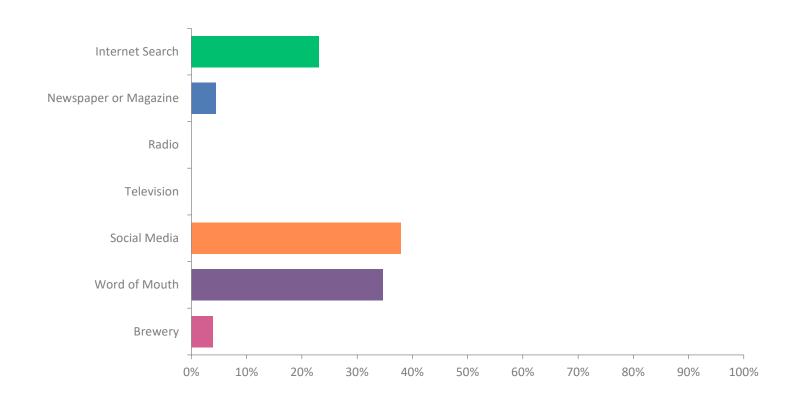
Answered: 89 Skipped: 98



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
Under \$100	69.66%	33.16%	62
\$100 - \$199	22.47%	10.70%	20
\$200 - \$299	4.49%	2.14%	4
\$300 - \$399	1.12%	0.53%	1
\$400 or more	2.25%	1.07%	2
TOTAL			89

### Q17: How did you FIRST learn about this festival?

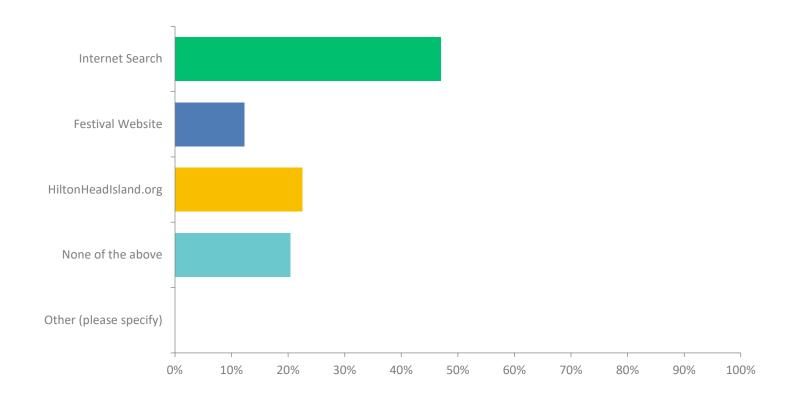
Answered: 182 Skipped: 5



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
Internet Search	23.08%	22.46%	42
Newspaper or Magazine	4.40%	4.28%	8
Radio	0.00%	0.00%	0
Television	0.00%	0.00%	0
Social Media	37.91%	36.90%	69
Word of Mouth	34.62%	33.69%	63
Brewery	3.85%	3.74%	7
TOTAL			189

# Q18: From which Website or Internet source did you FIRST learn about this festival?

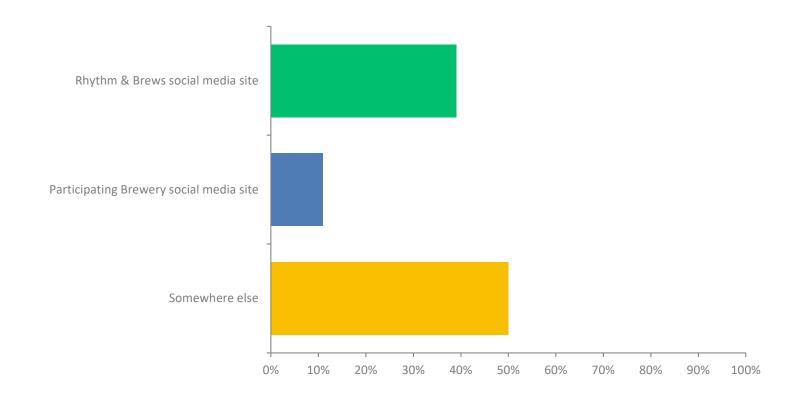
Answered: 49 Skipped: 138



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
Internet Search	46.94%	12.30%	23
Festival Website	12.24%	3.21%	6
HiltonHeadIsland.org	22.45%	5.88%	11
None of the above	20.41%	5.35%	10
Other (please specify)	0.00%	0.00%	0
TOTAL			50

### Q19: From which social media site you learn about this festival?

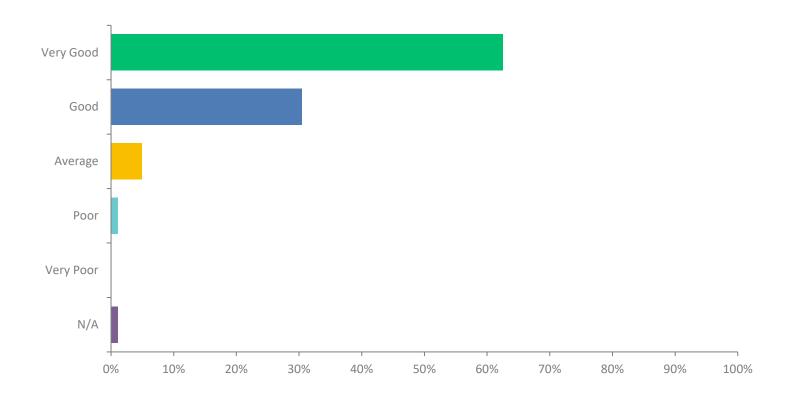
Answered: 64 Skipped: 123



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
Rhythm & Brews social media site	39.06%	13.37%	25
Participating Brewery social media site	10.94%	3.74%	7
Somewhere else	50.00%	17.11%	32
TOTAL			64

### Q20: How would you rate the Entertainment at this event?

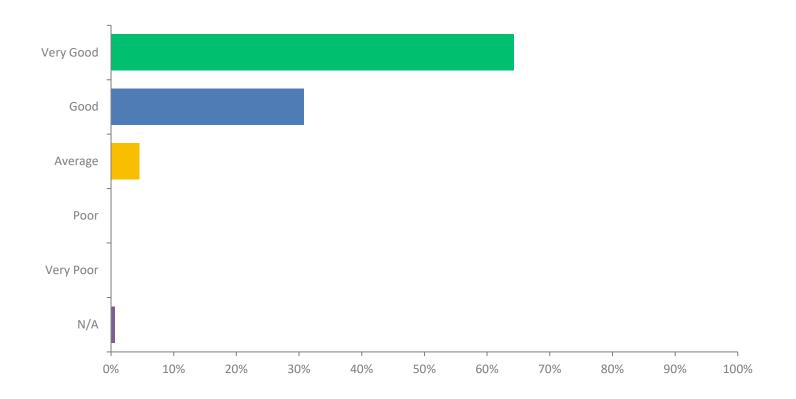
Answered: 184 Skipped: 3



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
Very Good	62.50%	61.50%	115
Good	30.43%	29.95%	56
Average	4.89%	4.81%	9
Poor	1.09%	1.07%	2
Very Poor	0.00%	0.00%	0
N/A	1.09%	1.07%	2
TOTAL			18/

### Q21: How would you rate the Crowd Flow of this event?

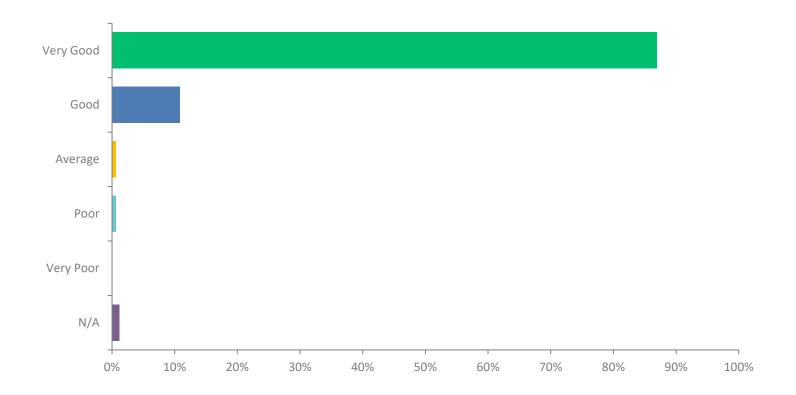
Answered: 179 Skipped: 8



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
Very Good	64.25%	61.50%	115
Good	30.73%	29.41%	55
Average	4.47%	4.28%	8
Poor	0.00%	0.00%	0
Very Poor	0.00%	0.00%	0
N/A	0.56%	0.53%	1
TOTAL			179

### Q22: How would you rate the friendliness of the staff at this event?

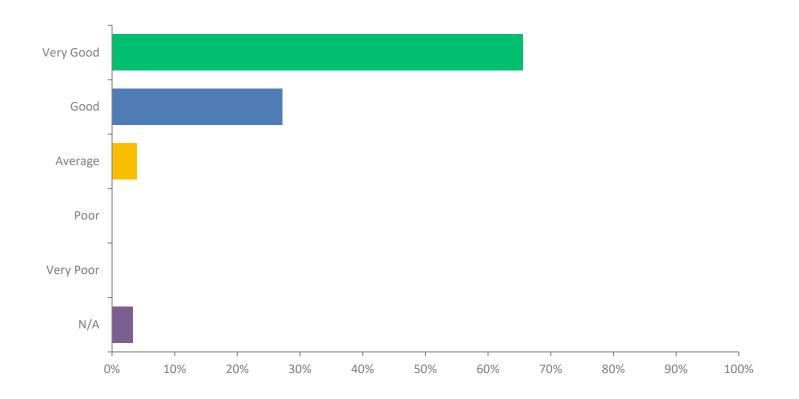
Answered: 176 Skipped: 11



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
Very Good	86.93%	81.82%	153
Good	10.80%	10.16%	19
Average	0.57%	0.53%	1
Poor	0.57%	0.53%	1
Very Poor	0.00%	0.00%	0
N/A	1.14%	1.07%	2
TOTAL			176

## Q23: How would you rate the variety of beer vendors at this event?

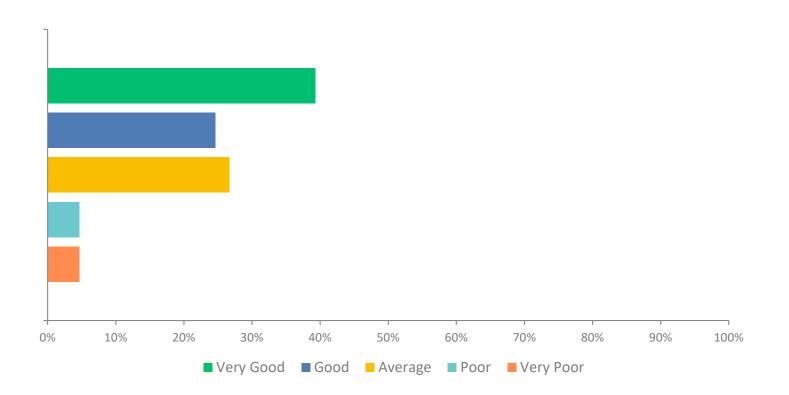
Answered: 151 Skipped: 36



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
Very Good	65.56%	52.94%	99
Good	27.15%	21.93%	41
Average	3.97%	3.21%	6
Poor	0.00%	0.00%	0
Very Poor	0.00%	0.00%	0
N/A	3.31%	2.67%	5
TOTAL			151

### Q24: How would you rate your personal knowledge of beer?

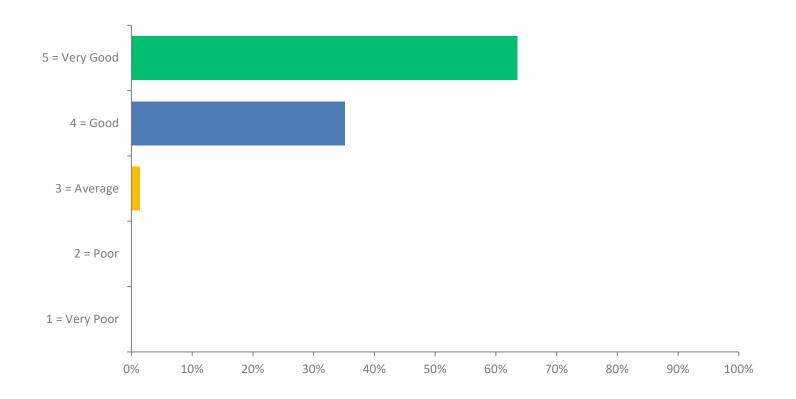
Answered: 150 Skipped: 37



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
Very Good	39.33%	31.55%	59
Good	24.67%	19.79%	37
Average	26.67%	21.39%	40
Poor	4.67%	3.74%	7
Very Poor	4.67%	3.74%	7
TOTAL			150

# Q25: 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?

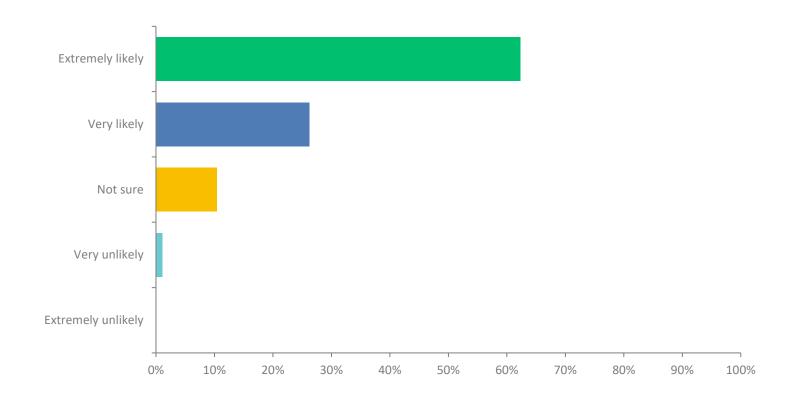
Answered: 148 Skipped: 39



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
5 = Very Good	63.51%	50.27%	94
4 = Good	35.14%	27.81%	52
3 = Average	1.35%	1.07%	2
2 = Poor	0.00%	0.00%	0
1 = Very Poor	0.00%	0.00%	0
TOTAL			148

### Q26: How likely are you to return to next year's festival?

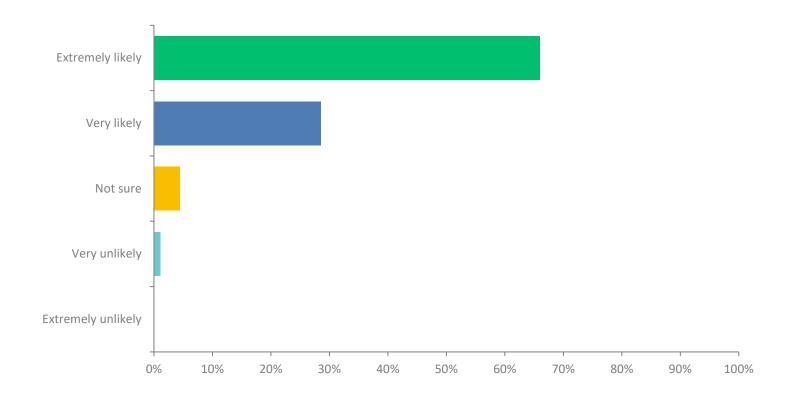
Answered: 183 Skipped: 4



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
Extremely likely	62.30%	60.96%	114
Very likely	26.23%	25.67%	48
Not sure	10.38%	10.16%	19
Very unlikely	1.09%	1.07%	2
Extremely unlikely	0.00%	0.00%	0
TOTAL			183

### Q27: How likely are you to recommend this festival to friends?

Answered: 182 Skipped: 5



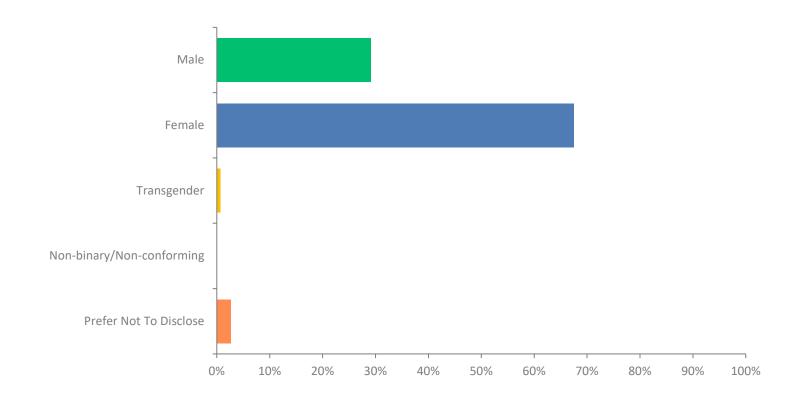
ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
Extremely likely	65.93%	64.17%	120
Very likely	28.57%	27.81%	52
Not sure	4.40%	4.28%	8
Very unlikely	1.10%	1.07%	2
Extremely unlikely	0.00%	0.00%	0
TOTAL			182





## Q28: How do you identify?

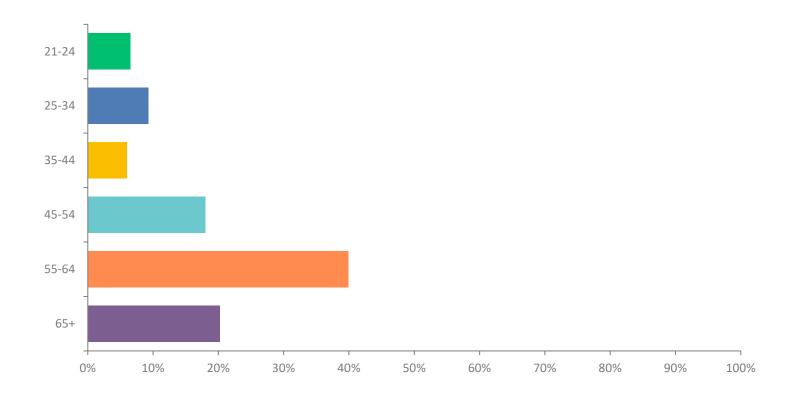
Answered: 151 Skipped: 36



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
Male	29.14%	23.53%	44
Female	67.55%	54.55%	102
Transgender	0.66%	0.53%	1
Non-binary/Non- conforming	0.00%	0.00%	0
Prefer Not To Disclose	2.65%	2.14%	4
TOTAL			151

## Q29: Please indicate your age below.

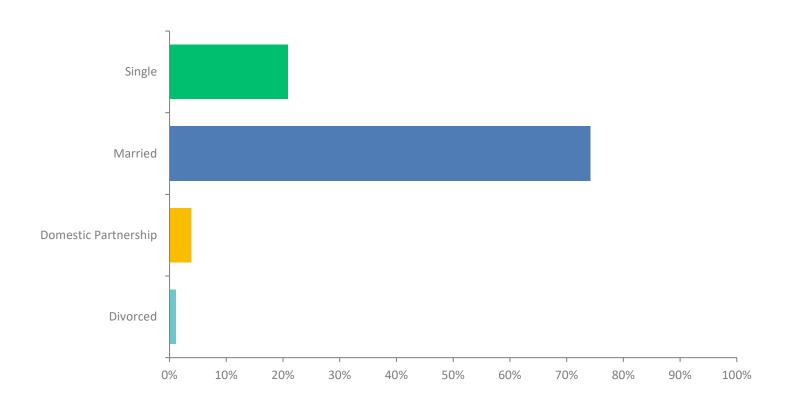
Answered: 183 Skipped: 4



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
21-24	6.56%	6.42%	12
25-34	9.29%	9.09%	17
35-44	6.01%	5.88%	11
45-54	18.03%	17.65%	33
55-64	39.89%	39.04%	73
65+	20.22%	19.79%	37
TOTAL			183

## Q30: Please indicate your marital status.

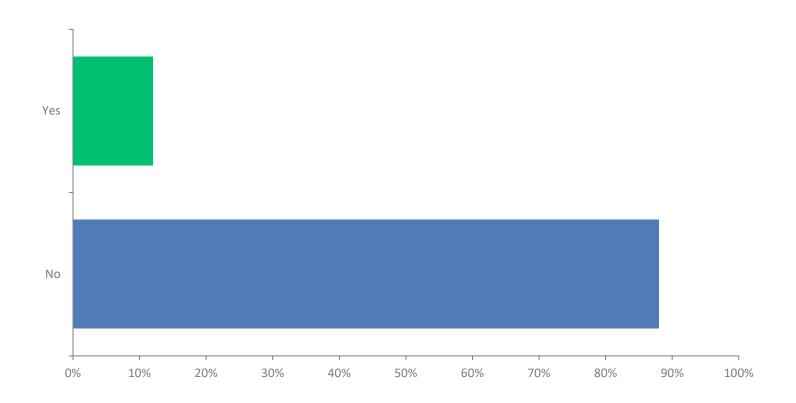
Answered: 182 Skipped: 5



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
Single	20.88%	20.32%	38
Married	74.18%	72.19%	135
Domestic Partnership	3.85%	3.74%	7
Divorced	1.10%	1.07%	2
TOTAL			182

## Q31: Do you have children under the age of 18 living at home?

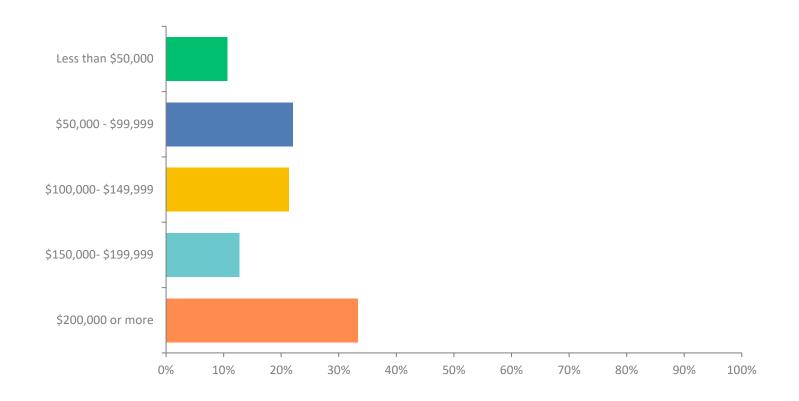
Answered: 183 Skipped: 4



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
Yes	12.02%	11.76%	22
No	87.98%	86.10%	161
ΤΟΤΔΙ			183

### Q32: What is your approximate annual household income?

Answered: 141 Skipped: 46



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
Less than \$50,000	10.64%	8.02%	15
\$50,000 - \$99,999	21.99%	16.58%	31
\$100,000-\$149,999	21.28%	16.04%	30
\$150,000-\$199,999	12.77%	9.63%	18
\$200,000 or more	33.33%	25.13%	47
TOTAL			141

Assorted comments from the 2024 Rhythm and Brews Festival. Comment Color Code - Positive, Neutral, Negative, and Suggestions.

- Actually came for the music
- Awesome job ...!..
- Awesome!
- Burnt church rocks
- Excellent event
- Excited to attend
- Fabulous! Our second time!
- Fun
- Great.
- Great.
- Great day
- Great Day and fun event
- Great day! Thanks!
- Great festival
- Great festival!!
- Great festival. Come every year
- Great location
- Great love snafu
- Great music and beer
- Great time
- Great Vendors
- Great. Appreciate the liquor vendors too!
- I enjoyed being able to try so many local places at once. Thanks!

- Just enjoying myself
- Like the other venue better
- Lots of vendors so short lines is a plus
- Love
- Love it
- More food vendors please
- MORE WINE, More wine vendors
- Need more food options
- Need more wine
- Nice event! Glad we came...stayed an extra day so we could.
- Nicely done
- Perfect weather all so friendly
- Sprout pizza charging ridiculously expensive prices. Not cool
- Such beautiful weather
- Thanks
- Very nice event
- Would like more wine options.



**Contact Us:** 

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THANK YOU!



**SUSCB** CENTER FOR LOWCOUNTRY HOSPITALITY EDUCATION



Hilton Head Island Wine and Food Inc.

#### **Board Minutes**

#### August 11th, 2025, 5 PM

Attending – Mike Kaup, Christina Laios, James Hill, Sarah Morgret

Zoom – Rocky Whitehead, Heather Mastropole, Marla Morris, Chris Tassone

Absent – Andrea Fasano

Others Attending - Jeff Gerber, Rebecca Pollard, Dave Peck, Tommy Hines, Emeritus

And Ed Brown, Emeritus

Motion to begin meeting – Motion to begin meeting was made by Chris Tassone and seconded by Christina Laios. Vote was unanimous

Motion to accept the prior minutes – Motion made by Christina Laios and seconded by James Hill. Vote was unanimous.

#### 1. Introduction of Ed Brown & Tom Hines -

- a. Ed and Tommy are emeritus board members who are re-engaging with the festival and who both spent many years on the board before moving to an emeritus status. About half of you know them, but about half of you don't.
- b. Tommy introduced himself. He gave a brief history of his experience in the wine business and his involvement with the board having served as President several times.
- Ed introduced himself. He also gave a brief history of his background in the financial business. He served on the board as Treasurer for several years.

#### 2. Introduction of Rebecca Pollard – New assistant

a. She came highly recommended by Sean Barth at USCB

- b. She has experience running special events at private clubs with a focus on logistics.
- c. She ran the scheduling for all of the USCB students at their tents for the Heritage.
- d. She has helped us in the past as a USCB student at both the wine judging and the festival.
- e. Though not the reason she was hired, Rebecca is a past recipient of our scholarship at USCB.

#### 3. Meet Dave Peck – Potential New Board Member

- **a.** Dave is a long and successful restaurant owner on the island who currently owns Bad Biscuit and Pool Bar Jim's.
- b. He has been a great restaurant partner in the past.
- c. Dave introduced himself. He has been on the island 52 years so he knows a lot of history of the hospitality industry. He also has an extensive background in marketing.
- d. Board questions towards Dave. The board had no questions for Dave and will make a motion at the next meeting to add him to the Board as per the by-laws.

#### 4. Financials -

- a. Everyone should have received a copy of the financials.
- b. Questions There were no questions.
- c. Scholarships
  - i. I sent the \$10,000 to TCL that we pledged last year. Discussion. They deduct 15% from the original 10K for admin fees.
  - ii. USCB It appears that if we send our scholarship money earmarked to USCB through The Heritage Fund, that they will match 20% of our donation. (\$2,000) . So our 10 K becomes 12 K. This is obviously a great deal.
- d. What to do with the remaining 5K? We decided last meeting to give 1K to Jay Windell's son. That leaves 4 K. There was discussion about giving it to be used to help students that cannot finish out their year because of lack of funds. Tim could identify the needy students. Everyone thought it was a good idea to try. If it works out we can continue and if not we are not committed long term. We will decide for sure at next meeting.
- e. We need two motions to meet ATAX requirements
  - One for \$130k for the HHWFF and one for \$30k for R&B.

Mike made the motion to request 130K for the HHWFF and James seconded. Vote was unanimous.

James made a motion to request 40 K for the R & B and Chris seconded. Vote was unanimous. We will be fine requesting 30 K if the 40 K is not approved.

#### 5. How Rebecca is going to help -

- a. Run the volunteers with Andrea
  - i. She is already working with Melissa and her team to build a page on the website to help manage the current volunteers and to find new volunteers.
  - **ii.** She is also researching volunteer management software.
- **b.** Help Jeff with logistics and take the administrative tasks off him so he can focus more on managing
- **c.** the events.
- **d.** She is going to help with the judging, including receiving and labelling wines. And helping Marla with reaching out to more potential wineries to enter the judging.
- **e.** She is going to learn and run the auction software with James & Mike.
- f. Help board members as needed with areas they are running.

#### 6. Rhythm & Brews Update – (Saturday September 27<sup>th</sup>)

- Tickets went on sale June 20th.
  - i. As of Friday night, we have sold 84 VIP tickets and 137 GA tickets.
- b. We already have the following people lined up for the event.
  - i. BCSO
  - ii. I2 recycling
  - iii. Meeting Dynamics Tables, chairs, etc.
  - iv. MXM Productions A/V stuff
  - v. Roval Restroom
  - vi. Securitas
  - vii. SYSCO ice and water Discussion of getting a better deal on water. It seems members of Sam's Club can get 16.9 oz. bottles for 10 cents @ with delivery. Jeff is going to check into that.
  - viii. Need to reach out for golf carts.
  - ix. Need to line up volunteers to help with setting up & break down.
    - 1. We have some signed up and waiting on USCB also.
- c. Have started reaching out to breweries, etc.
  - i. Andrew Hazel from Bear Island is also reaching out
  - ii. Stephen from SGWS is reaching out. asked for him to try and get 5.
- d. Mike from Ales for ALS is committed again.
- e. Food, wine, spirits tents are signed up.
- f. USCB is set to take surveys again.

- g. We are going to give away water. I am probably going to split it up at two or three tents. The survey tent, the Ales for ALS tent and if Tanger is a sponsor, probably there as well.
- h. Shane will be there with Sh' That's Hot and he will sell R&B shirts for us again.

#### 7. Kaylee Rose – Headliner for Rhythm & Brews

- **a.** We were able to come to an agreement with Kaylee Rose to be the headliner with her band.
- **b.** Kaylee is going to help promote the event a little on her social media. As opposed to most bands, she has a lot of followers and generates a lot of engagement.

Here are Kaylee's photos, videos, logos, and media kit.

Video for website: https://www.youtube.com/watch?v=s6OO4s0H1j4

General media info: <a href="https://iamkayleerose.my.canva.site/">https://iamkayleerose.my.canva.site/</a>

Performance feature from CMA fest (10m+ views): https://www.instagram.com/reel/DKvFB70SpE9/

And here is a video she made on the beach this spring when she attended the wine and food festival. As you can see, it received 63k comments and 1.8M views.



- c. The Westin is going to create a staycation and a vacation package to help us promote the event. They will also promote the event to their guests that are staying at the property that week.
- d. I think we will get the same deal from The Beach House
- e. Peggy from the Courtyard Marriott is reaching out to their marketing people to see about co-promoting.
- f. I am waiting to hear back from Wayne at the Sonesta.
- g. If this works out well, this might be a springboard to help grow the event into a two- or three-day event.
- h. John Cranford is not handling the AV like he did for the sip and stroll. We are using Mike from MXM who handled everything last year for Ryder.

#### 8. Volunteers -

- a. People are signing up.
- b. Chris, we need your list of people for admissions please.

#### 9. USCB -

- a. I had a good meeting with Sean Barth in June.
- b. They will help us again with the HHWFF
- c. He is going to try and help with R&B but is waiting for schedules to be released.
- d. He might be able to help us get interns again and he would screen them.
  - i. They would probably be paid.

#### 10.**TCL** -

- a. I was waiting for a response about if the fee is negotiable. No it is not.
- b. The new Dean, Jackie, is willing to help with events and feels the institution is in a better position to support the events.
  - i. She said they could handle the food for Stay Gold
  - ii. They also could host one of the food stations in the VIP area.
- c. This would be good exposure for the program.
- d. It would also save us some money.
- e. Extra percentage versus savings??
- f. Need to sign a contract for scholarships to be awarded. Review paperwork. Any changes?
- g. Once the Board of Director executes the scholarship guidelines, your scholarship will be added to the college's scholarship portal and will be scheduled to solicit applications from students for the 2026-2027 academic year. The award cycle begins in June 2026.

#### 11. Moving the office -

- a. Rocky is reaching out to his landlord to see what he would charge us if we moved in when he moves out. Ironically, this is also Ed's old office.
- b. We have a lease through October 31st.
- c. Rocky, Ed and Phil are all looking for / have potential spaces for us to consider in case this doesn't work out.

#### 12. Jackie – update

a. Jackie asked for \$8k for R&B and \$17k for the HHWFF

- b. The proposals only showed services and a total amount. I asked her to send me the proposals back, but for each part of the service to be itemized on July 21<sup>st</sup>.
- c. She sent me an email on August 1<sup>st</sup> saying she had received my email and would respond to it after she returned from vacation on August 12<sup>th</sup>.
- 13. BMW is exploring being a sponsor for the 2026 HHWFF –
- 14. Whitehaven is exploring being a sponsor for the 2026 HHWFF -
- 15. Tanger, who was a new sponsor this year, has already committed to 2026 and said they will be involved at a bigger level.

Other Business – There was no other business.

Adjournment – James made the motion to adjourn and Mike seconded. Vote was unanimous.

	Craft Beer & Working Budget		ATAX Qualified	Amount Reimbursible			
Revenue		Budget					
	Craft Beer	VIP			250	\$75	\$18,750
	Craft Beer	GA			500	\$49	\$24,500
	Music On	ly			100	\$20	\$2,000
	DD Ticke				25	\$20	\$500
							\$45,750
	Sub Total for Events	\$45,750					
	Sponsorships	\$2,000					
	Food Vendor Booths (4)	\$1,000					
	Spirits Tents	\$500					
	Sub Total Revenue	\$3,500					
	ATAX Town of HHI	\$40,000					
	ATAX Beaufort County	\$0					
	SCPRT	\$0					
	Sub Total Grants	\$40,000					
	Total Revenue	\$89,250					
Expenses							
Advertising							
	Social Media & Google Ads	\$6,500	\$6,500			Money w	ill get moved to categories selling the most tickets /\$ spent
	Email / Eblasts	\$12,000	\$12,000				
	Influencer	\$5,000	\$5,000				
	Digital	\$6,000	\$6,000				
	Print - Magazine/News Paper	\$2,000	\$2,000				
	Radio/Broadcast Media	\$1,500	\$1,500				
	Advertising Management - 10%	\$2,000	\$2,000				
	Subtotal-Marketing & Advertising			\$35,000	\$35,000		Are we still light for advertising?
Event Expe	enses						
	Live Entertainment	8000	\$5,600				
	Back line for bands	1500					
	Audio & Visual Equipment	2700					
	Glassware	3200					
	Restroom Services	2500					
	Trash & Recycling	2500					
	Printing - Signs	1000					
	Logistics	1000					
	Location Rental	800					
	Rentals - Tables, Chairs, Furniture, etc	7000					

	Tents	2000	
	Insurance	2000	
	Ice	2000	
	Survey of Attendees	800	
	Survey Incentive	700	
	Printing - Other	250	
	Wrist Bands	100	
	Volunter T-Shirts	500	
	Fencing	0	
	Security	2000	
	Misc Event Expenses	2000	
	Rooms for Band	1000	
	Licenses	1500	
	Wine & Beer Cost	1000	
	VIP Costs - Food, Lanyard, etc	5000	
	Subtotal for Event Expenses	0	
		\$51,050	\$5,600
Othe	r Expenses		
	Bank and Credit Card Fees	\$928	
	Professional Fees	\$100	
	Website Maintenance	\$100	
	Subtotal for Other Expenses	\$1,128	
	Total Expenses	\$87,178	
	NET Profit (Loss)	\$2,073	

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

July 2024 through June 2025

	Jul '24 - Jun 25
Income	
4100 · Programs and Festivals 4600 · WineFestival Income	
4605 · Intrn'l Wine Judging Entries	10,025.00
4606 · Admissions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4606.1 · Uncorked	2,204.00
4607 · Grand Tasting 4608 · Public Tasting	27,745.00 122,605.00
4611 · Other Events	122,000.00
4611.11 · Sip & Stroll	18,338.00
4611.12 · Stay Gold 4611.22 · Craft Beer Event	27,170.00 18,900.00
Total 4611 · Other Events	·
	64,408.00
4612 · Unassigned Receipts	1,841.83
Total 4606 · Admissions	218,803.83
Total 4600 · WineFestival Income	228,828.83
4615 · Grand Tasting Auction	16,928.22
4617 · Wine Vendor Booths 4619 · Retail Vendor Booths	7,915.14 500.00
4640 · Sponsorship 4655 · Grants	57,650.00
4656 · Town of HHI ATAX	145,802.20
4658 · SCPRT	5,740.20
Total 4655 · Grants	151,542.40
Total 4100 · Programs and Festivals	463,364.59
4799 · Rhythm & Brews Event	41,361.11
Total Income	504,725.70
Expense	
6100 · Program and Festivals Expense 6500 · Scholarship Expense	20,000.00
6600 · WineFestival Production Costs	
6602 · Marketing & PR	450.00
6603 · Professional Firm 6604 · Hired Bloggers, Writers, Etc.	450.00 7,728.75
6606 · Other Marketing & PR	24,000.00
Total 6602 · Marketing & PR	32,178.75
6606.5 · Direct Administrative Expense	
6607 · Festival Director	48,000.00
6608 · Other Direct Administrative	750.00
Total 6606.5 · Direct Administrative Expense	48,750.00
6609 · Grand Tasting Expense	20,076.12
6610 · Advertising - ATAX Elgible	7.550.00
6611 · Print, News Papers 6613 · Digital	7,559.00 6.831.55
6615 · Radio	3,550.00
6616 · Contextual / Re-Direct	1,322.77
6617 · Social Media	27,611.35
6618 · Email 6619 · Other Advertising	8,807.25 24.603.75
6619.01 · Advertising Management	6,501.22
6610 · Advertising - ATAX Elgible - Other	59,324.00
Total 6610 · Advertising - ATAX Elgible	146,110.89
6629 · Advertising Creative Expense	3,250.00

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

July 2024 through June 2025

6630 - Wine & Food Fest Expenses         12,243,29           6832 - Licylistices         22,057,06           6834 - Trash & Recycling         5,259,18           6835 - Audio, Visual, Etc.         5,624,23           6835 - Fhotography         1,025,00           6636 - Tables, Chairs, Furniture, Etc.         10,699,44           6637 - Tents, Etc.         14,755,16           6638 - Restroom Services         7,923,77           6639 - Transportation         1,050,00           6641 - Golf Cart Rental         378,20           6643 - Fencing         4,119,15           6644 - Galssware         14,388,17           6645 - Insurance         1,735,00           6646 - Insurance         1,735,00           6647 - Facility Rental         2,765,20           6649 - Beaufort County Sheriff         2,913,76           6652 - Ice         3,501,08           6653 - Survey         2,100,00           6554 - Printing         4,701,21           6655 - Frograms         750,00           6656 - Maps         926,00           6657 - Signs         3,025,21           Total 6654 - Printing         4,701,21           6659 - Security         2,737,48           6667 - Lodging         1,233,78 <th></th> <th>Jul '24 - Jun 25</th>		Jul '24 - Jun 25
6631 - Ticketing Fees         12,243,29           6632 - Logistics         23,057,06           6834 - Trash & Recycling         6,259,18           6635 - Audio, Visual, Etc.         6,624,23           6835 - Tables, Chairs, Furniture, Etc.         10,899,44           6837 - Tents, Etc.         14,753,16           6838 - Restroom Services         7,923,77           6839 - Transportation         1,050,00           6641 - Golf Cart Rental         376,20           6643 - Fencing         4,119,15           6644 - Glassware         14,388,17           6645 - Entertainment         3,950,00           6646 - Insurance         1,735,00           6647 - Facility Rental         2,765,20           6649 - Beaufort County Sheriff         2,913,76           6652 - Ice         3,501,08           6653 - Survey         2,100,00           6655 - Frograms         750,00           6656 - Maps         926,00           6657 - Signs         3,025,21           Total 6664 - Printing         4,701,21           6656 - Wine         1,584,72           6667 - Give Away Item For Survey         686,34           6667 - Lodging         1,233,78           6679 - Enrolfile Expenses         210	6630 · Wine & Food Fest Expenses	
6834 - Trash & Recycling         5,259,18           6835 - Audio, Visual, Etc.         5,624,23           6835 - Tables, Chairs, Furniture, Etc.         10,699,44           6837 - Tents, Etc.         14,783,16           6838 - Restroom Services         7,923,77           6639 - Transportation         1,050,00           6641 - Golf Cart Rental         378,20           6643 - Fencing         4,119,15           6644 - Classware         14,388,17           6645 - Entertainment         3,950,00           6646 - Insurance         1,735,00           6647 - Facility Rental         2,765,20           6649 - Beaufort County Sheriff         2,913,76           6653 - Survey         2,100,00           6654 - Printing         3,501,08           6655 - Programs         750,00           6656 - Maps         926,00           6657 - Signs         3,025,21           Total 6654 - Printing         4,701,21           6659 - Security         2,737,48           6664 - Licenses         2,732,00           6665 - Signs         3,025,21           Total 6654 - Printing         4,701,21           6659 - Security         2,737,48           6664 - Judging Expenses         1,380,00	•	12,243.29
6635 Audio, Visual, Etc.         5,624,23           6635 1- Photography         1,025,00           6636 Tables, Chairs, Furniture, Etc.         10,699,44           6637 - Tents, Etc.         14,753,16           6638 - Restroom Services         7,923,77           6639 - Transportation         1,090,00           6641 - Golf Carl Rental         378,20           6643 - Fencing         4,119,15           6644 - Glassware         14,388,17           6645 - Entertainment         3,990,00           6646 - Insurance         1,735,00           6647 - Facility Rental         2,765,20           6648 - Beaufort County Sheriff         2,913,76           6652 - Ice         3,501,08           6653 - Survey         2,100,00           6654 - Printing         750,00           6655 - Programs         750,00           6655 - Programs         750,00           6655 - Programs         2737,48           6655 - Programs         2,732,40           6657 - Signs         3,025,21           Total 6654 - Printing         4,701,21           6659 - Security         2,733,48           6664 - Licenses         2,732,00           6668 - William         1,584,72		23,057.06
6635.1 - Photography         1 0,25,00           6636 - Tables, Chairs, Furniture, Etc.         1 0,699,44           6637 - Tents, Etc.         14,753,16           6638 - Restroom Services         7,923,77           6639 - Transportation         1,090,000           6641 - Golf Cart Rental         378,20           6643 - Fencing         4,119,15           6644 - Classware         14,388,17           6645 - Entertainment         3,950,00           6646 - Insurance         1,735,00           6647 - Facility Rental         2,765,20           6649 - Beaufort County Sheriff         2,913,76           6652 - Ice         3,501,08           6653 - Survey         2,100,00           6654 - Printing         750,00           6655 - Maps         926,00           6657 - Signs         3,025,21           Total 6654 - Printing         4,701,21           6659 - Security         2,737,48           6664 - Licenses         2,732,00           6657 - Signs         3,025,21           Total 6654 - Printing         4,701,21           6659 - Security         2,737,48           6664 - Licenses         2,732,00           6657 - Signs         1,554,72 <td< th=""><th>, ,</th><th>•</th></td<>	, ,	•
6638 - Tables, Chairs, Furniture, Etc.         10,699,44           6637 - Tents, Etc.         14,753,16           6638 - Restroom Services         7,923,77           6639 - Transportation         1,050,00           6641 - Golf Cart Rental         378,20           6643 - Fencing         4,119,15           6644 - Glassware         14,388,17           6645 - Entertainment         3,950,00           6646 - Insurance         1,735,00           6647 - Facility Rental         2,765,20           6649 - Beaufort County Sheriff         2,913,76           6652 - Ice         3,501,08           6653 - Survey         2,100,00           6654 - Printing         750,00           6655 - Neograms         750,00           6656 - Maps         926,00           6657 - Signs         3,025,21           Total 6654 - Printing         4,701,21           6655 - Security         2,737,48           6664 - Licenses         2,732,00           6668 - Wine         1,584,72           6677 - Give Away Item For Survey         686,34           6674 - Lodging         1,233,78           6677 - Enofile Expenses         1390,00           6681 - Other Event Expenses         1390,00		· · · · · · · · · · · · · · · · · · ·
6637 - Tents, Etc.         14,753.16           6638 - Restroom Services         7,923.77           6639 - Transportation         1,050.00           6841 - Colf Cart Rental         378.20           6843 - Fencing         4,119.15           6844 - Classware         14,388.17           6845 - Entertaliment         3,950.00           6846 - Insurance         1,735.00           6447 - Facility Rental         2,765.20           649 - Beaufort County Sheriff         2,913.76           6652 - Ice         3,501.08           6653 - Survey         2,100.00           6654 - Printing         750.00           6655 - Programs         750.00           6655 - Programs         750.00           6657 - Signs         3,025.21           Total 6654 - Printing         4,701.21           6659 - Security         2,737.48           6664 - Licenses         2,732.00           6665 - Waps         2,732.00           6665 - Ways         1,584.72           6679 - Give Away Item For Survey         686.34           6674 - Lodging         1,233.78           6679 - Enofile Expenses         1,390.00           6680 - Office Expenses         1,390.00           6680 - Ot	<b>5</b> . •	·
6638 - Restroom Services         7,923.77           6639 - Transportation         1,050.00           6841 - Golf Cart Rental         378.20           6843 - Fencing         4,119.15           6644 - Glassware         14,388.17           6645 - Entertainment         3,950.00           6646 - Insurance         1,735.00           6647 - Facility Rental         2,765.20           6649 - Beaufort County Sheriff         2,913.76           6652 : Ice         3,501.08           6653 - Survey         2,100.00           6654 - Printing         750.00           6655 - Maps         926.00           6657 - Signs         3,025.21           Total 6654 - Printing         4,701.21           6659 - Security         2,732.00           6666 - Maps         2,732.00           6667 - Lodging         1,584.72           6670 - Give Away Item For Survey         686.34           6673 - Enofile Expenses         1,390.00           6681 - Office Expenses         210.00           6687 - Enofile Expenses         3139.00           6681 - Other Event Expense         4,214.06           Total 6630 - Wine & Food Fest Expense         6,312.20           6683 - Special Events Expense         6,3	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
6641 - Golf Cart Rental         378.20           6643 - Fencing         4,119.15           6644 - Glassware         14,388.17           6645 - Entertainment         3,950.00           6646 - Insurance         1,735.00           6647 - Facility Rental         2,765.20           6649 - Beaufort County Sheriff         2,913.76           6652 - Ice         3,501.08           6653 - Survey         2,100.00           6654 - Printing         750.00           6655 - Programs         750.00           6656 - Maps         926.00           6657 - Signs         3,025.21           Total 6654 - Printing         4,701.21           6659 - Security         2,737.48           6664 - Licenses         2,732.00           6668 - Wine         1,584.72           6670 - Give Away Item For Survey         686.34           6674 - Lodging         1,233.78           6679 - Enofile Expenses         1,390.00           6680 - Office Expenses         210.00           6681 - Other Event Expenses         139.915.14           6666 - Judging Expenses         139.915.14           6666 - Judging Expenses         6312.20           6683 - Special Events Expense         6312.20 <t< th=""><th>•</th><th>·</th></t<>	•	·
6643 - Fencing         4,119,15           6644 - Glassware         14,388,17           6645 - Entertainment         3,950,00           6646 - Insurance         1,735,00           6647 - Facility Rental         2,765,20           6649 - Beaufort County Sheriff         2,913,76           6652 - Ice         3,501,08           6655 - Survey         2,100,00           6654 - Printing         750,00           6655 - Frograms         750,00           6656 - Maps         926,00           6657 - Signs         3,025,21           Total 6654 - Printing         4,701,21           6659 - Security         2,737,48           6664 - Licenses         2,732,00           6668 - Wine         1,584,72           6670 - Give Away Item For Survey         686,34           6674 - Lodging         1,233,78           6675 - Enofile Expenses         1,390,00           6681 - Other Event Expenses         139,915,14           6666 - Judging Expenses         4,214,06           Total 6630 - Wine & Food Fest Expenses         6,312,20           6682 - Bank & Credit Card Fees         6,312,20           6683 - Special Events Expense         8,731,36           6683 - Special Events Expense         <	6639 · Transportation	1,050.00
6644 - Classware         14,388.17           6645 - Entertainment         3,950.00           6647 - Facility Rental         2,765.20           6647 - Facility Rental         2,765.20           6648 - Beaufort County Sheriff         2,913.76           6652 - Lee         3,501.08           6653 - Survey         2,100.00           6654 - Printing         750.00           6655 - Maps         926.00           6657 - Signs         3,025.21           Total 6654 - Printing         4,701.21           6659 - Security         2,737.48           6664 - Licenses         2,732.00           6668 - Wine         1,584.72           6670 - Give Away Item For Survey         686.34           6670 - Give Away Item For Survey         686.34           6671 - Lodging         1,233.78           6679 - Enofile Expenses         210.00           6681 - Office Expenses         210.00           6681 - Other Expenses         3,391.51.4           6666 - Judging Expenses         4,214.06           Total 6630 · Wine & Food Fest Expenses         6,312.20           6682 - Bank & Credit Card Fees         6,312.20           6683 - Special Events Expense         8,731.36           6683 - Special Events E		
6645 : Entertainment         3,950,00           6646 · Insurance         1,735,00           6647 · Facility Rental         2,765,20           6649 · Beaufort County Sheriff         2,913,76           6652 · Ice         3,501,08           6653 · Survey         2,100,00           6654 · Printing         750,00           6655 · Programs         926,00           6657 · Signs         3,025,21           Total 6654 · Printing         4,701,21           6659 · Security         2,737,48           6664 · Licenses         2,732,00           6668 · Wine         1,584,72           6670 · Give Away Item For Survey         686,34           6674 · Lodging         1,233,78           6679 · Enofile Expenses         1,390,00           6681 · Other Event Expenses         210,00           6681 · Other Event Expenses         313,915,14           6666 · Judging Expenses         4,214.06           Total 6630 · Wine & Food Fest Expenses         394,494,96           6682 · Bank & Credit Card Fees         6,312.20           6683 · Special Events Expense         8,731.36           6683 · Special Events Expense         8,255.38           6684 · Equipment         6025	•	· · · · · · · · · · · · · · · · · · ·
6646 - Insurance         1,735,00           6647 - Facility Rental         2,765,20           6649 - Beaufort County Sheriff         2,913,76           6652 - Ice         3,501,08           6653 - Survey         2,100,00           6654 - Printing         750,00           6655 - Programs         750,00           6656 - Maps         926,00           6657 - Signs         3,025,21           Total 6654 - Printing         4,701,21           6659 - Security         2,737,48           6664 - Licenses         2,732,00           6668 - Wine         1,584,72           6670 - Give Away Item For Survey         686,34           6677 - Lodging         1,233,78           6679 - Enofile Expenses         1,390,00           6680 - Office Expenses         210,00           6681 - Office Expenses         210,00           6681 - Other Event Expenses         139,915,14           6666 - Judging Expenses         4,214,06           Total 6630 · Wine & Food Fest Expenses           6681 - Other Event Expense         6,312,20           6682 - Bank & Credit Card Fees         6,312,20           6683 - Special Events Expense         3,731,36           6683 - Special Events Expense </th <th></th> <th>·</th>		·
6647 - Facility Rental         2,765,20           6649 - Beaufort County Sheriff         2,913,76           6652 - Ice         3,501.08           6653 - Survey         2,100.00           6654 - Printing         750.00           6655 - Programs         750.00           6656 - Maps         926.00           6657 - Signs         3,025.21           Total 6654 - Printing         4,701.21           6659 - Security         2,737.48           6664 - Licenses         2,732.00           6668 - Wine         1,584.72           6670 - Give Away Item For Survey         686.34           6674 - Lodging         1,233.78           6679 - Enofile Expenses         1,390.00           6681 - Office Expenses         210.00           6681 - Other Event Expenses         7,153.92           Total 6630 · Wine & Food Fest Expenses         139,915.14           6666 - Judging Expenses         6,312.20           6682 - Bank & Credit Card Fees         6,312.20           6682 - Bank & Credit Card Fees         6,312.20           6683 - Special Events Expense         8,731.36           6683 - Special Events Expense         8,255.38           6684 - Equipment         602.5		· · · · · · · · · · · · · · · · · · ·
6649 · Beaufort County Sheriff         2,913.76           6652 · Ice         3,501.08           6653 · Survey         2,100.00           6654 · Printing         750.00           6655 · Maps         926.00           6657 · Signs         3,025.21           Total 6654 · Printing         4,701.21           6659 · Security         2,737.48           6664 · Licenses         2,732.00           6668 · Wine         1,584.72           6670 · Give Away Item For Survey         686.34           6677 · Enofile Expenses         1,390.00           6680 · Office Expenses         210.00           6681 · Other Event Expenses         1,390.00           6681 · Other Event Expenses         1,390.00           6681 · Other Event Expenses         3139.915.14           6666 · Judging Expenses         4,214.06           Total 6600 · WineFestival Production Costs         394.494.96           6682 · Bank & Credit Card Fees         6,312.20           6683 · Special Events Expense         8,731.36           6683 · Special Events Expense         8,731.36           6683 · Special Events Expense         12,911.36           6684 · Equipment         60.25           6685 · Insurance         8,255.38		·
6653 - Survey       2,100.00         6654 - Printing       750.00         6655 - Maps       926.00         6657 - Signs       3,025.21         Total 6654 - Printing       4,701.21         6659 - Security       2,737.48         6664 - Licenses       2,732.00         6668 - Wine       1,584.72         6670 - Give Away Item For Survey       686.34         6679 - Enofile Expenses       1,390.00         6680 - Office Expenses       210.00         6681 - Other Event Expenses       7,153.92         Total 6630 · Wine & Food Fest Expenses       139,915.14         6666 - Judging Expenses       4,214.06         Total 6600 · WineFestival Production Costs       394,494.96         6682 · Bank & Credit Card Fees       6,312.20         6683 · Special Events Expense       8,731.36         6683 · Special Events Expense       8,731.36         6683 · Special Events Expense       8,255.38         6686 · Postage       256.00         6689 · Professional Fees - Legal       795.00         6699 · Sponsorship Expense       386.00         6691 · Supplies & Misc. Expense       22,249.65         6693 · Website Maintenance       2,250.00         6697 · Office & Storage Facility Rent	•	,
6654 - Printing         750.00           6655 - Programs         926.00           6657 - Signs         3.025.21           Total 6654 - Printing         4,701.21           6659 - Security         2,737.48           6664 - Licenses         2,732.00           6668 - Wine         1,584.72           6670 - Give Away Item For Survey         686.34           6674 - Lodging         1,233.78           6679 - Enofile Expenses         1,390.00           6680 - Office Expenses         210.00           6681 - Other Event Expenses         7,153.92           Total 6630 - Wine & Food Fest Expenses         139,915.14           6666 - Judging Expenses         4,214.06           Total 6600 - WineFestival Production Costs         394,494.96           6682 - Bank & Credit Card Fees         6,312.20           6683 - Special Events Expense         8,731.36           6683 - Special Events Expense         8,731.36           6683 - Special Events Expense         12,911.36           6684 - Equipment         60.25           6685 - Insurance         8,255.38           6686 - Postage         256.00           6699 - Professional Fees - Legal         795.00           6690 - Sponsorship Expense         22,249.65     <		3,501.08
6655 - Programs         750.00           6656 · Maps         926.00           6657 · Signs         3,025.21           Total 6654 · Printing         4,701.21           6659 · Security         2,737.48           6664 · Licenses         2,732.00           6668 · Wine         1,584.72           6670 · Give Away Item For Survey         686.34           6674 · Lodging         1,233.78           6679 · Enofile Expenses         1,390.00           6680 · Office Expenses         210.00           6681 · Other Event Expenses         7,153.92           Total 6630 · Wine & Food Fest Expenses         139,915.14           6666 · Judging Expenses         4,214.06           Total 6600 · WineFestival Production Costs         394,494.96           6682 · Bank & Credit Card Fees         6,312.20           6683 · Special Events Expense         8,731.36           6684 · Special Events Expense         12,911.36           6684 · Equipment         60.25           6685 · Insurance         8,255.38           6686 · Postage         256.00           6689 · Professional Fees · Legal         795.00           6699 · Sponsorship Expense         386.00           6691 · Supplies & Misc. Expense         22,249.65		2,100.00
Section	•	750.00
6657 · Signs         3,025.21           Total 6654 · Printing         4,701.21           6659 · Security         2,737.48           6664 · Licenses         2,732.00           6668 · Wine         1,584.72           6670 · Give Away Item For Survey         686.34           6674 · Lodging         1,233.78           6679 · Enrofile Expenses         1,390.00           6680 · Office Expenses         210.00           6681 · Other Event Expenses         7,153.92           Total 6630 · Wine & Food Fest Expenses         139,915.14           6666 · Judging Expenses         4,214.06           Total 6600 · WineFestival Production Costs         394,494.96           6682 · Bank & Credit Card Fees         6,312.20           6683 · Special Events Expense         8,731.36           6683 · Special Events Expense         8,731.36           6683 · Special Events Expense         12,911.36           6684 · Equipment         60.25           6685 · Insurance         8,255.38           6686 · Postage         256.00           6689 · Sponsorship Expense         386.00           6691 · Supplies & Misc. Expense         22,249.65           6693 · Website Maintenance         2,250.00           6697 · Office & Storage Facility Ren	<u> </u>	
Total 6654 · Printing         4,701.21           6659 · Security         2,737.48           6664 · Licenses         2,732.00           6668 · Wine         1,584.72           6670 · Give Away Item For Survey         686.34           6674 · Lodging         1,233.78           6679 · Enofile Expenses         1,390.00           6681 · Office Expenses         210.00           6681 · Other Event Expenses         139,915.14           6666 · Judging Expenses         139,915.14           6666 · Judging Expenses         4,214.06           Total 6600 · WineFestival Production Costs         394,494.96           6682 · Bank & Credit Card Fees         6,312.20           6683 · Special Events Expense         8,731.36           6683 · Special Events Expense         8,731.36           6683 · Special Events Expense - Other         4,180.00           Total 6683 · Special Events Expense         12,911.36           6684 · Equipment         60.25           6685 · Insurance         8,255.38           6686 · Postage         256.00           6689 · Professional Fees · Legal         795.00           6690 · Sponsorship Expense         22,249.65           6693 · Website Maintenance         2,250.00           6697 · Office & Sto	•	
6659 · Security       2,737.48         6664 · Licenses       2,732.00         6668 · Wine       1,584.72         6670 · Give Away Item For Survey       686.34         6674 · Lodging       1,233.78         6679 · Enofile Expenses       1,390.00         6680 · Office Expenses       210.00         6681 · Other Event Expenses       7,153.92         Total 6630 · Wine & Food Fest Expenses         6666 · Judging Expenses       4,214.06         Total 6600 · WineFestival Production Costs       394,494.96         6682 · Bank & Credit Card Fees       6,312.20         6683 · Special Events Expense       8,731.36         6683 · Special Events Expense       8,731.36         6683 · Special Events Expense - Other       4,180.00         Total 6683 · Special Events Expense       12,911.36         6684 · Equipment       60.25         6685 · Insurance       8,255.38         6686 · Postage       266.00         6689 · Professional Fees - Legal       795.00         6690 · Sponsorship Expense       386.00         6691 · Supplies & Misc. Expense       2,250.00         6697 · Office & Storage Facility Rent       12,525.00         Total 6100 · Program and Festivals Expense	•	<del>`</del>
6664 · Licenses       2,732.00         6668 · Wine       1,584.72         6670 · Give Away Item For Survey       686.34         6674 · Lodging       1,233.78         6679 · Enofile Expenses       1,390.00         6680 · Office Expenses       210.00         6681 · Other Event Expenses       7,153.92         Total 6630 · Wine & Food Fest Expenses         6666 · Judging Expenses       4,214.06         Total 6600 · WineFestival Production Costs         6682 · Bank & Credit Card Fees       6,312.20         6683 · Special Events Expense       8,731.36         6683 · Special Events Expense       8,731.36         6683 · Special Events Expense - Other       4,180.00         Total 6683 · Special Events Expense - Other       4,180.00         Total 6683 · Special Events Expense       8,255.38         6684 · Equipment       60.25         6685 · Insurance       8,255.38         6686 · Postage       256.00         6689 · Professional Fees - Legal       795.00         6690 · Sponsorship Expense       386.00         6691 · Supplies & Misc. Expense       22,249.65         6693 · Website Maintenance       2,250.00         6697 · Office & Storage Facility Rent       12,525	-	2.737.48
6670 · Give Away Item For Survey       686.34         6674 · Lodging       1,233.78         6679 · Enofile Expenses       1,390.00         6680 · Office Expenses       210.00         6681 · Other Event Expenses       7,153.92         Total 6630 · Wine & Food Fest Expenses         6666 · Judging Expenses       139,915.14         6666 · Judging Expenses       4,214.06         Total 6600 · WineFestival Production Costs       394,494.96         6682 · Bank & Credit Card Fees       6,312.20         6683 · Special Events Expense       8,731.36         6683 · Special Events Expense       8,731.36         6683 · Special Events Expense - Other       4,180.00         Total 6683 · Special Events Expense - Other       4,180.00         Total 6683 · Special Events Expense       12,911.36         6684 · Equipment       60.25         6685 · Insurance       8,255.38         6686 · Postage       256.00         6689 · Professional Fees · Legal       795.00         6690 · Sponsorship Expense       386.00         6691 · Supplies & Misc. Expense       2,249.65         6693 · Website Maintenance       2,250.00         6697 · Office & Storage Facility Rent       12,525.00	•	, -
6674 · Lodging       1,233.78         6679 · Enrofile Expenses       1,390.00         6680 · Office Expenses       210.00         6681 · Other Event Expenses       7,153.92         Total 6630 · Wine & Food Fest Expenses         6666 · Judging Expenses       139,915.14         G666 · Judging Expenses         6660 · WineFestival Production Costs       394,494.96         6682 · Bank & Credit Card Fees       6,312.20         6683 · Special Events Expense       8,731.36         6683 · Special Events Expense       8,731.36         6683 · Special Events Expense - Other       4,180.00         Total 6683 · Special Events Expense       12,911.36         6684 · Equipment       60.25         6685 · Insurance       8,255.38         6686 · Postage       256.00         6689 · Professional Fees - Legal       795.00         6690 · Sponsorship Expense       386.00         6691 · Supplies & Misc. Expense       22,249.65         6693 · Website Maintenance       2,250.00         6697 · Office & Storage Facility Rent       12,525.00         Total 6100 · Program and Festivals Expense       480,495.80         9999 · 9999 Unknown       0.04         Total Expense <th>6668 · Wine</th> <th>1,584.72</th>	6668 · Wine	1,584.72
6679 · Enofile Expenses       1,390.00         6680 · Office Expenses       210.00         6681 · Other Event Expenses       7,153.92         Total 6630 · Wine & Food Fest Expenses         6666 · Judging Expenses       4,214.06         Total 6600 · WineFestival Production Costs       394,494.96         6682 · Bank & Credit Card Fees       6,312.20         6683 · Special Events Expense       8,731.36         6683 · Special Events Expense       8,731.36         6683 · Special Events Expense - Other       4,180.00         Total 6683 · Special Events Expense       12,911.36         6684 · Equipment       60.25         6685 · Insurance       8,255.38         6686 · Postage       256.00         6689 · Professional Fees - Legal       795.00         6690 · Sponsorship Expense       386.00         6691 · Supplies & Misc. Expense       22,249.65         6693 · Website Maintenance       2,250.00         6697 · Office & Storage Facility Rent       12,525.00         Total 6100 · Program and Festivals Expense       480,495.80         9999 · 9999 Unknown       0.04         Total Expense	•	
6680 · Office Expenses       210.00         6681 · Other Event Expenses       7,153.92         Total 6630 · Wine & Food Fest Expenses       139,915.14         6666 · Judging Expenses       4,214.06         Total 6600 · WineFestival Production Costs       394,494.96         6682 · Bank & Credit Card Fees       6,312.20         6683 · Special Events Expense       8,731.36         6683 · Special Events Expense       8,731.36         6683 · Special Events Expense - Other       4,180.00         Total 6683 · Special Events Expense       12,911.36         6684 · Equipment       60.25         6685 · Insurance       8,255.38         6686 · Postage       256.00         6689 · Portage       386.00         6691 · Supplies & Misc. Expense       386.00         6691 · Supplies & Misc. Expense       22,249.65         6693 · Website Maintenance       2,250.00         6697 · Office & Storage Facility Rent       12,525.00         Total 6100 · Program and Festivals Expense       480,495.80         9999 · 9999 Unknown       0.04         Total Expense       480,495.80		·
6681 · Other Event Expenses       7,153.92         Total 6630 · Wine & Food Fest Expenses       139,915.14         6666 · Judging Expenses       4,214.06         Total 6600 · WineFestival Production Costs       394,494.96         6682 · Bank & Credit Card Fees       6,312.20         6683 · Special Events Expense       8,731.36         6683 · Special Events Expense - Other       4,180.00         Total 6683 · Special Events Expense       12,911.36         6684 · Equipment       60.25         6685 · Insurance       8,255.38         6686 · Postage       256.00         6689 · Professional Fees - Legal       795.00         6690 · Sponsorship Expense       386.00         6691 · Supplies & Misc. Expense       22,249.65         6693 · Website Maintenance       2,250.00         6697 · Office & Storage Facility Rent       12,525.00         Total 6100 · Program and Festivals Expense       480,495.80         9999 · 9999 Unknown       0.04         Total Expense       480,495.84	•	•
6666 · Judging Expenses       4,214.06         Total 6600 · WineFestival Production Costs       394,494.96         6682 · Bank & Credit Card Fees       6,312.20         6683 · Special Events Expense       8,731.36         6683 · Special Events Expense - Other       4,180.00         Total 6683 · Special Events Expense       12,911.36         6684 · Equipment       60.25         6685 · Insurance       8,255.38         6686 · Postage       256.00         6689 · Professional Fees - Legal       795.00         6690 · Sponsorship Expense       386.00         6691 · Supplies & Misc. Expense       22,249.65         6693 · Website Maintenance       2,250.00         6697 · Office & Storage Facility Rent       12,525.00         Total 6100 · Program and Festivals Expense       480,495.80         9999 · 9999 Unknown       0.04         Total Expense       480,495.84		
Total 6600 ⋅ WineFestival Production Costs       394,494.96         6682 ⋅ Bank & Credit Card Fees       6,312.20         6683 ⋅ Special Events Expense       8,731.36         6683 ⋅ Special Events Expense - Other       4,180.00         Total 6683 ⋅ Special Events Expense       12,911.36         6684 ⋅ Equipment       60.25         6685 ⋅ Insurance       8,255.38         6686 ⋅ Postage       256.00         6689 ⋅ Professional Fees - Legal       795.00         6690 ⋅ Sponsorship Expense       386.00         6691 ⋅ Supplies & Misc. Expense       22,249.65         6693 ⋅ Website Maintenance       2,250.00         6697 ⋅ Office & Storage Facility Rent       12,525.00         Total 6100 ⋅ Program and Festivals Expense       480,495.80         9999 ⋅ 9999 Unknown       0.04         Total Expense       480,495.84	Total 6630 · Wine & Food Fest Expenses	139,915.14
6682 · Bank & Credit Card Fees       6,312.20         6683 · Special Events Expense       8,731.36         6683 · Special Events Expense - Other       4,180.00         Total 6683 · Special Events Expense       12,911.36         6684 · Equipment       60.25         6685 · Insurance       8,255.38         6686 · Postage       256.00         6689 · Professional Fees - Legal       795.00         6690 · Sponsorship Expense       386.00         6691 · Supplies & Misc. Expense       22,249.65         6693 · Website Maintenance       2,250.00         6697 · Office & Storage Facility Rent       12,525.00         Total 6100 · Program and Festivals Expense       480,495.80         9999 · 9999 Unknown       0.04         Total Expense       480,495.84	6666 Judging Expenses	4,214.06
6683 · Special Events Expense       8,731.36         6683 · Special Events Expense - Other       4,180.00         Total 6683 · Special Events Expense       12,911.36         6684 · Equipment       60.25         6685 · Insurance       8,255.38         6686 · Postage       256.00         6689 · Professional Fees - Legal       795.00         6690 · Sponsorship Expense       386.00         6691 · Supplies & Misc. Expense       22,249.65         6693 · Website Maintenance       2,250.00         6697 · Office & Storage Facility Rent       12,525.00         Total 6100 · Program and Festivals Expense       480,495.80         9999 · 9999 Unknown       0.04         Total Expense       480,495.84	Total 6600 · WineFestival Production Costs	394,494.96
6683 · Special Events Expense       8,731.36         6683 · Special Events Expense - Other       4,180.00         Total 6683 · Special Events Expense       12,911.36         6684 · Equipment       60.25         6685 · Insurance       8,255.38         6686 · Postage       256.00         6689 · Professional Fees - Legal       795.00         6690 · Sponsorship Expense       386.00         6691 · Supplies & Misc. Expense       22,249.65         6693 · Website Maintenance       2,250.00         6697 · Office & Storage Facility Rent       12,525.00         Total 6100 · Program and Festivals Expense       480,495.80         9999 · 9999 Unknown       0.04         Total Expense       480,495.84	6682 · Bank & Credit Card Fees	6.312.20
6683 · Special Events Expense       4,180.00         Total 6683 · Special Events Expense       12,911.36         6684 · Equipment       60.25         6685 · Insurance       8,255.38         6686 · Postage       256.00         6689 · Professional Fees - Legal       795.00         6690 · Sponsorship Expense       386.00         6691 · Supplies & Misc. Expense       22,249.65         6693 · Website Maintenance       2,250.00         6697 · Office & Storage Facility Rent       12,525.00         Total 6100 · Program and Festivals Expense       480,495.80         9999 · 9999 Unknown       0.04         Total Expense       480,495.84	6683 · Special Events Expense	-7-
Total 6683 · Special Events Expense       12,911.36         6684 · Equipment       60.25         6685 · Insurance       8,255.38         6686 · Postage       256.00         6689 · Professional Fees - Legal       795.00         6690 · Sponsorship Expense       386.00         6691 · Supplies & Misc. Expense       22,249.65         6693 · Website Maintenance       2,250.00         6697 · Office & Storage Facility Rent       12,525.00         Total 6100 · Program and Festivals Expense       480,495.80         9999 · 9999 Unknown       0.04         Total Expense       480,495.84	6654.01 · Stay Gold Event Expense	8,731.36
6684 · Equipment       60.25         6685 · Insurance       8,255.38         6686 · Postage       256.00         6689 · Professional Fees - Legal       795.00         6690 · Sponsorship Expense       386.00         6691 · Supplies & Misc. Expense       22,249.65         6693 · Website Maintenance       2,250.00         6697 · Office & Storage Facility Rent       12,525.00         Total 6100 · Program and Festivals Expense       480,495.80         9999 · 9999 Unknown       0.04         Total Expense	6683 · Special Events Expense - Other	4,180.00
6685 · Insurance       8,255.38         6686 · Postage       256.00         6689 · Professional Fees - Legal       795.00         6690 · Sponsorship Expense       386.00         6691 · Supplies & Misc. Expense       22,249.65         6693 · Website Maintenance       2,250.00         6697 · Office & Storage Facility Rent       12,525.00         Total 6100 · Program and Festivals Expense       480,495.80         9999 · 9999 Unknown       0.04         Total Expense       480,495.84	Total 6683 · Special Events Expense	12,911.36
6685 · Insurance       8,255.38         6686 · Postage       256.00         6689 · Professional Fees - Legal       795.00         6690 · Sponsorship Expense       386.00         6691 · Supplies & Misc. Expense       22,249.65         6693 · Website Maintenance       2,250.00         6697 · Office & Storage Facility Rent       12,525.00         Total 6100 · Program and Festivals Expense       480,495.80         9999 · 9999 Unknown       0.04         Total Expense       480,495.84	6684 · Equipment	60.25
6689 · Professional Fees - Legal       795.00         6690 · Sponsorship Expense       386.00         6691 · Supplies & Misc. Expense       22,249.65         6693 · Website Maintenance       2,250.00         6697 · Office & Storage Facility Rent       12,525.00         Total 6100 · Program and Festivals Expense       480,495.80         9999 · 9999 Unknown       0.04         Total Expense       480,495.84		8,255.38
6690 · Sponsorship Expense       386.00         6691 · Supplies & Misc. Expense       22,249.65         6693 · Website Maintenance       2,250.00         6697 · Office & Storage Facility Rent       12,525.00         Total 6100 · Program and Festivals Expense       480,495.80         9999 · 9999 Unknown       0.04         Total Expense       480,495.84		
6691 · Supplies & Misc. Expense       22,249.65         6693 · Website Maintenance       2,250.00         6697 · Office & Storage Facility Rent       12,525.00         Total 6100 · Program and Festivals Expense       480,495.80         9999 · 9999 Unknown       0.04         Total Expense       480,495.84		
6693 · Website Maintenance       2,250.00         6697 · Office & Storage Facility Rent       12,525.00         Total 6100 · Program and Festivals Expense       480,495.80         9999 · 9999 Unknown       0.04         Total Expense       480,495.84		
6697 · Office & Storage Facility Rent       12,525.00         Total 6100 · Program and Festivals Expense       480,495.80         9999 · 9999 Unknown       0.04         Total Expense       480,495.84		
9999 · 9999 Unknown 0.04  Total Expense 480,495.84		•
Total Expense 480,495.84	Total 6100 · Program and Festivals Expense	480,495.80
	9999 · 9999 Unknown	0.04
Net Income 24,229.86	Total Expense	480,495.84
	Net Income	24,229.86

## Hilton Head Hospitality Association Balance Sheet

As of September 3, 2025

	Sep 3, 25
ASSETS Current Assets	
Checking/Savings 1000 · CASH	
1010 · Coastal State Bank 1021 · South Bank - Operating A/C	42,250.06 229,767.28
Total 1000 · CASH	272,017.34
Total Checking/Savings	272,017.34
Accounts Receivable 1200 · Accounts Receivable	24,809.45
Total Accounts Receivable	24,809.45
Other Current Assets Undeposited Funds	94.00
Total Other Current Assets	94.00
Total Current Assets	296,920.79
Other Assets 1500 · Fixed Assets 1510 · Office Equipment	657.62
Total 1500 · Fixed Assets	657.62
Total Other Assets	657.62
TOTAL ASSETS	297,578.41
LIABILITIES & EQUITY Equity	
3020 · Retained Earnings Net Income	301,697.30 -4,118.89
Total Equity	297,578.41
TOTAL LIABILITIES & EQUITY	297,578.41

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

July 2023 through June 2024

Name		Jul '23 - Jun 24
4600 - WineFestival Income         12,920.00           4606 - Admissions         2,969.07           4607 - Grand Tasting         28,025.93           4608 - Public Tasting         122,065.12           4611 - Other Events         18,298.44           4611 - Other Events         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         8,107.00           4617 - Retail Vendor Booths         7,125.00           4618 - Food Vendor Booths         7,125.00           4619 - Retail Vendor Booths         1,250.00           4619 - Retail Vendor Booths         1,730.00           4649 - Retail Vendor Booths         1,730.00           4640 - Sponsorship         70,500.00           4655 - Grants         119,230.22           4656 - Town of HHI ATAX         119,230.22           4655 - Grants         139,921.93           Total 4605 - Grants         139,921.93           Total 4655 - Grants         139,975.00           4658 - SCPRT <t< th=""><th>Income</th><th></th></t<>	Income	
4606 · Intrn'l Wine Judging Entries         12,920.00           4606 · Admissions         2,969.07           4607 · Grand Tasting         28,025.93           4608 · Public Tasting         122,065.12           4611 · Other Events         18,298.44           4611.11 · Sip & Stroll         18,298.44           4611.22 · Craft Beer Event         19,933.13           Total 4611 · Other Events         38,231.57           4612 · Unassigned Receipts         11,412.08           Total 4600 · WineFestival Income         215,623.77           4615 · Grand Tasting Auction         8,107.00           4616 · Public Tasting Auction         8,107.00           4617 · Wine Vendor Booths         7,125.00           4618 · Food Vendor Booths         1,250.00           4619 · Retail Vendor Booths         1,250.00           4619 · Retail Vendor Booths         1,730.00           4640 · Sponsorship         70,500.00           4655 · Grants         119,230.22           4657 · Beaufort County ATAX         119,230.22           4658 · SCPRT         10,090.00           4658 · SCPRT         10,091.71           Total 4655 · Grants         139,921.93           Total 4655 · Grants         139,921.93           Total 4656 · Grants	<u> </u>	
4806.1 Uncorked   2,969.07   4607 - Grand Tasting   28,025.93   4608 - Public Tasting   122,065.12   4611 - Other Events   4611.11 - Sip & Stroll   18,298.44   4611.12 - Craft Beer Event   19,933.13   Total 4611 - Other Events   38,231.57   4612 - Unassigned Receipts   11,412.08   Total 4606 - Admissions   202,703.77   Total 4600 - WineFestival Income   215,623.77   4615 - Grand Tasting Auction   8,107.00   4616 - Public Tasting Auction   2,080.00   4617 - Wine Vendor Booths   1,250.00   4618 - Food Vendor Booths   1,250.00   4619 - Retail Vendor Booths   462001 - Sales at Retail Tent   480.00   4619 - Retail Vendor Booths   4619 - Retail Vendor Booths   1,250.00   4619 - Retail Ven	4605 · Intrn'l Wine Judging Entries	12,920.00
4608 - Public Tasting 4611 - Other Events         122,065.12           4611 - Other Events         18,298.44           4611.22 - Craft Beer Event         19,933.13           Total 4611 - Other Events         38,231.57           4612 - Unassigned Receipts         11,412.08           Total 4606 - Admissions         202,703.77           Total 4600 - WineFestival Income         215,623.77           4615 - Grand Tasting Auction         8,107.00           4615 - While Tasting Auction         2,080.00           4617 - Wine Vendor Booths         7,125.00           4618 - Food Vendor Booths         1,250.00           4619 - Retail Vendor Booths         1,250.00           4619 - Retail Vendor Booths         1,730.00           4640 - Sponsorship         480.00           4655 - Grants         119,230.22           4655 - Tom of HHI ATAX         119,230.22           4655 - Seartor         10,000.00           4655 - Scrants         139,921.93           Total 4100 - Programs and Festivals         446,337.70           4611.08 - Stay Gold Event         25,444.60           4799 - Rhythm & Brews Event         31,975.00           4799 - Rhythm & Brews Event         31,975.00           4800 - Vinerestival Production Costs         6600 - WineFesti		2,969.07
A611 - Other Events		· · · · · · · · · · · · · · · · · · ·
4611.11 · Sip & Stroll         18,298.44           4611.22 · Craft Beer Event         19,933.13           Total 4611 · Other Events         38,231.57           4612 · Unassigned Receipts         11,412.08           Total 4606 · Admissions         202,703.77           Total 4600 · WineFestival Income         215,623.77           4615 · Grand Tasting Auction         8,107.00           4616 · Public Tasting Auction         2,080.00           4617 · Wine Vendor Booths         7,125.00           4618 · Food Vendor Booths         1,250.00           4619 · Retail Vendor Booths         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         11,9230.22           4656 · Town of HHI ATAX         119,230.22           4657 · Beaufort County ATAX         119,000.00           4658 · SCPRT         10,000.00           4611.08 · Stay Gold Event         25,444.69           4799 · Rhythm & Brews Event         31,975.00           4800 · Miscellaneous Income         503,557.40           Expense         600 · Chore Marketing & PR           6006 · Other Marketing & PR         24,000.00 </th <th>•</th> <th>122,065.12</th>	•	122,065.12
4611.22 · Craft Beer Event         19,933.13           Total 4611 · Other Events         38,231.57           4612 · Unassigned Receipts         11,412.08           Total 4606 · Admissions         202,703.77           Total 4600 · WineFestival Income         215,623.77           4615 · Grand Tasting Auction         8,107.00           4616 · Public Tasting Auction         2,080.00           4817 · Wine Vendor Booths         7,125.00           4618 · Food Vendor Booths         1,250.00           4619 · Retail Vendor Booths         462001 · Sales at Retail Tent           462001 · Sales at Retail Tent         480.00           4659 · Retail Vendor Booths         1,730.00           4640 · Sponsorship         70,500.00           4655 · Grants         119,230.22           4657 · Beaufort County ATAX         119,230.22           4657 · Beaufort County ATAX         10,691.71           Total 4655 · Grants         139,921.93           Total 4100 · Programs and Festivals         446,337.70           4611.08 · Stay Gold Event         25,444.69           4799 · Rhythm & Brews Event         31,975.00           4800 · Miscellaneous Income         503,557.40           Expense         6000 · Other Marketing & PR           6006 · Other Marketing & PR <th></th> <th>18 298 44</th>		18 298 44
4612 · Unassigned Receipts         11,412.08           Total 4606 · Admissions         202,703.77           Total 4600 · WineFestival Income         215,623.77           4615 · Grand Tasting Auction         8,107.00           4616 · Public Tasting Auction         2,080.00           4617 · Wine Vendor Booths         7,125.00           4618 · Food Vendor Booths         1,250.00           4619 · Retail Vendor Booths         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         119,230.22           4657 · Beaufort County ATAX         119,230.22           4658 · SCPRT         10,691.71           Total 4655 · Grants         139,921.93           Total 4100 · Programs and Festivals         446,337.70           4611.08 · Stay Gold Event         25,444.69           4799 · Rhythm & Brews Event         31,975.00           4800 · Miscellaneous Income         503,557.40           Expense         600 · Scholarship Expense           6500 · Scholarship Expense         11,000.00           6606 · Other Marketing & PR         24,000.00           6606 · Other Marketing & PR         24,000.00<	•	,
Total 4606 · Admissions         202,703.77           Total 4600 · WineFestival Income         215,623.77           4615 · Grand Tasting Auction         8,107.00           4616 · Public Tasting Auction         2,080.00           4617 · Wine Vendor Booths         7,125.00           4618 · Food Vendor Booths         1,250.00           4619 · Retail Vendor Booths         46200 · Sales at Retail Tent         480.00           4619 · Retail Vendor Booths - Other         1,730.00           Total 4619 · Retail Vendor Booths         1,730.00           4640 · Sponsorship         70,500.00           4655 · Grants         119,230.22           4656 · Town of HHI ATAX         119,230.22           4657 · Beaufort County ATAX         10,000.00           4658 · SCPRT         10,691.71           Total 4655 · Grants         139,921.93           Total 4100 · Programs and Festivals         446,337.70           4611.08 · Stay Gold Event         25,444.69           4799 · Rhythm & Brews Event         31,975.00           4800 · Miscellaneous Income         503,557.40           Expense         6500 · Scholarship Expense           6500 · WineFestival Production Costs         6602 · Marketing & PR         24,000.00           6606 · Other Marketing & PR         24,000.0	Total 4611 · Other Events	38,231.57
Total 4600 · WineFestival Income   215,623.77	4612 · Unassigned Receipts	11,412.08
4615 · Grand Tasting Auction       8,107.00         4616 · Public Tasting Auction       2,080.00         4617 · Wine Vendor Booths       7,125.00         4618 · Food Vendor Booths       1,250.00         4619 · Retail Vendor Booths       480.00         462001 · Sales at Retail Tent       480.00         4619 · Retail Vendor Booths - Other       1,250.00         Total 4619 · Retail Vendor Booths       1,730.00         4655 · Grants       119,230.22         4656 · Town of HHI ATAX       119,230.22         4657 · Beaufort County ATAX       10,000.00         4658 · SCPRT       10,691.71         Total 4655 · Grants       139,921.93         Total 4100 · Programs and Festivals       446,337.70         4611.08 · Stay Gold Event       25,444.69         4799 · Rhythm & Brews Event       31,975.00         4800 · Miscellaneous Income       503,557.40         Expense       6100 · Program and Festivals Expense       11,000.00         6600 · Scholarship Expense       500,557.40         Expense       6060 · Other Marketing & PR       24,000.00         Total 6602 · Marketing & PR       24,000.00         6606 · Other Marketing & PR       24,000.00         6606 · Direct Administrative Expense       48,000.00 </th <th>Total 4606 · Admissions</th> <th>202,703.77</th>	Total 4606 · Admissions	202,703.77
4616 · Public Tasting Auction         2,080.00           4617 · Wine Vendor Booths         7,125.00           4618 · Food Vendor Booths         1,250.00           4619 · Retail Vendor Booths         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         119,230.22           4656 · Town of HHI ATAX         119,230.22           4657 · Beaufort County ATAX         10,000.00           4658 · SCPRT         10,691.71           Total 4655 · Grants         139,921.93           Total 4100 · Programs and Festivals         446,337.70           4611.08 · Stay Gold Event         25,444.69           4799 · Rhythm & Brews Event         31,975.00           4800 · Miscellaneous Income         199.99           Total Income         503,557.40           Expense         600 · Scholarship Expense           6500 · Scholarship Expense         11,000.00           6600 · WineFestival Production Costs         6606 · Other Marketing & PR           6606 · Other Marketing & PR         24,000.00           6606 · Other Marketing & PR         24,000.00           6606 · Direct Administrative Expense <t< th=""><th>Total 4600 · WineFestival Income</th><th>215,623.77</th></t<>	Total 4600 · WineFestival Income	215,623.77
4617 · Wine Vendor Booths         7,125.00           4618 · Food Vendor Booths         1,250.00           4619 · Retail Vendor Booths         462001 · Sales at Retail Tent         480.00           4619 · Retail Vendor Booths - Other         1,250.00           Total 4619 · Retail Vendor Booths         1,730.00           4640 · Sponsorship         70,500.00           4655 · Grants         119,230.22           4655 · Town of HHI ATAX         119,230.22           4657 · Beaufort County ATAX         10,000.00           4658 · SCPRT         10,000.00           Total 4655 · Grants         139,921.93           Total 4100 · Programs and Festivals         446,337.70           4611.08 · Stay Gold Event         25,444.69           4799 · Rhythm & Brews Event         31,975.00           4800 · Miscellaneous Income         503,557.40           Expense         6100 · Program and Festivals Expense           6500 · Scholarship Expense         11,000.00           6606 · Other Marketing & PR         24,000.00           Total 6602 · Marketing & PR         24,000.00           6606 · Direct Administrative Expense         48,000.00           Total 6606 · Direct Administrative Expense         48,000.00	4615 · Grand Tasting Auction	8,107.00
4618 · Food Vendor Booths         1,250.00           4619 · Retail Vendor Booths         480.00           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         119,230.22           4657 · Beaufort County ATAX         10,000.00           4658 · SCPRT         10,691.71           Total 4655 · Grants         139,921.93           Total 4100 · Programs and Festivals         446,337.70           4611.08 · Stay Gold Event         25,444.69           4799 · Rhythm & Brews Event         31,975.00           4800 · Miscellaneous Income         503,557.40           Expense         6100 · Program and Festivals Expense           6500 · Scholarship Expense         11,000.00           6600 · WineFestival Production Costs         6606 · Other Marketing & PR           6606 · Other Marketing & PR         24,000.00           Total 6602 · Marketing & PR         24,000.00           6606 · Direct Administrative Expense         48,000.00           Total 6606.5 · Direct Administrative Expense         48,000.00	•	·
4619 · Retail Vendor Booths         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         119,230.22           4656 · Town of HHI ATAX         119,230.22           4657 · Beaufort County ATAX         10,000.00           4658 · SCPRT         10,691.71           Total 4655 · Grants         139,921.93           Total 4100 · Programs and Festivals         446,337.70           4611.08 · Stay Gold Event         25,444.69           4799 · Rhythm & Brews Event         31,975.00           4800 · Miscellaneous Income         503,557.40           Expense         6100 · Program and Festivals Expense           6500 · Scholarship Expense         11,000.00           6600 · WineFestival Production Costs         6606 · Other Marketing & PR           6606 · Other Marketing & PR         24,000.00           Total 6602 · Marketing & PR         24,000.00           6606 · Direct Administrative Expense         48,000.00           Total 6606.5 · Direct Administrative Expense         48,000.00		·
462001 · Sales at Retail Tent         480.00           4619 · Retail Vendor Booths         1,250.00           Total 4619 · Retail Vendor Booths         1,730.00           4640 · Sponsorship         70,500.00           4655 · Grants         119,230.22           4657 · Beaufort County ATAX         10,000.00           4658 · SCPRT         10,691.71           Total 4655 · Grants         139,921.93           Total 4100 · Programs and Festivals         446,337.70           4611.08 · Stay Gold Event         25,444.69           4799 · Rhythm & Brews Event         31,975.00           4800 · Miscellaneous Income         503,557.40           Expense         6100 · Program and Festivals Expense           6500 · Scholarship Expense         11,000.00           6600 · WineFestival Production Costs         6606 · Other Marketing & PR           6606 · Other Marketing & PR         24,000.00           Total 6602 · Marketing & PR         24,000.00           6606 · Direct Administrative Expense         48,000.00           Total 6606 · S · Direct Administrative Expense         48,000.00	1010 1000 101100	1,250.00
Total 4619 · Retail Vendor Booths         1,730.00           4640 · Sponsorship         70,500.00           4655 · Grants         119,230.22           4657 · Beaufort County ATAX         10,000.00           4658 · SCPRT         10,691.71           Total 4655 · Grants         139,921.93           Total 4100 · Programs and Festivals         446,337.70           4611.08 · Stay Gold Event         25,444.69           4799 · Rhythm & Brews Event         31,975.00           4800 · Miscellaneous Income         -199.99           Total Income         503,557.40           Expense         6100 · Program and Festivals Expense           6500 · Scholarship Expense         11,000.00           6600 · WineFestival Production Costs         6602 · Marketing & PR           6606 · Other Marketing & PR         24,000.00           Total 6602 · Marketing & PR         24,000.00           6606 · Direct Administrative Expense         48,000.00           Total 6606 · Direct Administrative Expense         48,000.00		480.00
4640 · Sponsorship       70,500.00         4655 · Grants       119,230.22         4656 · Town of HHI ATAX       119,230.22         4657 · Beaufort County ATAX       10,000.00         4658 · SCPRT       10,691.71         Total 4655 · Grants       139,921.93         Total 4100 · Programs and Festivals       446,337.70         4611.08 · Stay Gold Event       25,444.69         4799 · Rhythm & Brews Event       31,975.00         4800 · Miscellaneous Income       503,557.40         Expense       6100 · Program and Festivals Expense         6500 · Scholarship Expense       11,000.00         6600 · WineFestival Production Costs       6600 · WineFestival Production Costs         6602 · Marketing & PR       24,000.00         Total 6602 · Marketing & PR       24,000.00         6606 · Other Marketing & PR       24,000.00         6606 · Direct Administrative Expense       48,000.00         Total 6606 · Direct Administrative Expense       48,000.00	4619 · Retail Vendor Booths - Other	1,250.00
4655 · Grants       119,230.22         4657 · Beaufort County ATAX       10,000.00         4658 · SCPRT       10,691.71         Total 4655 · Grants       139,921.93         Total 4100 · Programs and Festivals       446,337.70         4611.08 · Stay Gold Event       25,444.69         4799 · Rhythm & Brews Event       31,975.00         4800 · Miscellaneous Income       503,557.40         Expense       6100 · Program and Festivals Expense         6500 · Scholarship Expense       11,000.00         6600 · WineFestival Production Costs       6602 · Marketing & PR         6606 · Other Marketing & PR       24,000.00         Total 6602 · Marketing & PR       24,000.00         6606.5 · Direct Administrative Expense       48,000.00         Total 6606.5 · Direct Administrative Expense       48,000.00	Total 4619 · Retail Vendor Booths	1,730.00
4656 · Town of HHI ATAX       119,230.22         4657 · Beaufort County ATAX       10,000.00         4658 · SCPRT       10,691.71         Total 4655 · Grants       139,921.93         Total 4100 · Programs and Festivals       446,337.70         4611.08 · Stay Gold Event       25,444.69         4799 · Rhythm & Brews Event       31,975.00         4800 · Miscellaneous Income       503,557.40         Expense       6100 · Program and Festivals Expense         6500 · Scholarship Expense       11,000.00         6600 · WineFestival Production Costs       6602 · Marketing & PR         6606 · Other Marketing & PR       24,000.00         Total 6602 · Marketing & PR       24,000.00         6606.5 · Direct Administrative Expense       48,000.00         Total 6606.5 · Direct Administrative Expense       48,000.00		70,500.00
4658 · SCPRT         10,691.71           Total 4655 · Grants         139,921.93           Total 4100 · Programs and Festivals         446,337.70           4611.08 · Stay Gold Event         25,444.69           4799 · Rhythm & Brews Event         31,975.00           4800 · Miscellaneous Income         -199.99           Total Income         503,557.40           Expense         6100 · Program and Festivals Expense           6500 · Scholarship Expense         11,000.00           6600 · WineFestival Production Costs         6602 · Marketing & PR           6606 · Other Marketing & PR         24,000.00           Total 6602 · Marketing & PR         24,000.00           6606.5 · Direct Administrative Expense         48,000.00           Total 6606.5 · Direct Administrative Expense         48,000.00	4656 · Town of HHI ATAX	119,230.22
Total 4655 · Grants         139,921.93           Total 4100 · Programs and Festivals         446,337.70           4611.08 · Stay Gold Event         25,444.69           4799 · Rhythm & Brews Event         31,975.00           4800 · Miscellaneous Income         -199.99           Total Income         503,557.40           Expense         6100 · Program and Festivals Expense           6500 · Scholarship Expense         11,000.00           6600 · WineFestival Production Costs         6602 · Marketing & PR         24,000.00           Total 6602 · Marketing & PR         24,000.00           6606.5 · Direct Administrative Expense         48,000.00           Total 6606.5 · Direct Administrative Expense         48,000.00		
Total 4100 · Programs and Festivals       446,337.70         4611.08 · Stay Gold Event       25,444.69         4799 · Rhythm & Brews Event       31,975.00         4800 · Miscellaneous Income       -199.99         Total Income       503,557.40         Expense       6100 · Program and Festivals Expense         6500 · Scholarship Expense       11,000.00         6600 · WineFestival Production Costs       6602 · Marketing & PR         6606 · Other Marketing & PR       24,000.00         Total 6602 · Marketing & PR       24,000.00         6606.5 · Direct Administrative Expense       48,000.00         Total 6606.5 · Direct Administrative Expense       48,000.00	4658 · SCPK1	10,691.71
4611.08 · Stay Gold Event       25,444.69         4799 · Rhythm & Brews Event       31,975.00         4800 · Miscellaneous Income       -199.99         Total Income       503,557.40         Expense         6100 · Program and Festivals Expense       11,000.00         6500 · Scholarship Expense       11,000.00         6600 · WineFestival Production Costs       6602 · Marketing & PR         6606 · Other Marketing & PR       24,000.00         Total 6602 · Marketing & PR       24,000.00         6606.5 · Direct Administrative Expense       48,000.00         Total 6606.5 · Direct Administrative Expense       48,000.00		139,921.93
4799 · Rhythm & Brews Event       31,975.00         4800 · Miscellaneous Income       -199.99         Total Income       503,557.40         Expense       6100 · Program and Festivals Expense         6500 · Scholarship Expense       11,000.00         6600 · WineFestival Production Costs       6602 · Marketing & PR         6606 · Other Marketing & PR       24,000.00         Total 6602 · Marketing & PR       24,000.00         6606.5 · Direct Administrative Expense       48,000.00         Total 6606.5 · Direct Administrative Expense       48,000.00	Total 4100 · Programs and Festivals	446,337.70
4800 · Miscellaneous Income         -199.99           Total Income         503,557.40           Expense         6100 · Program and Festivals Expense           6500 · Scholarship Expense         11,000.00           6600 · WineFestival Production Costs         24,000.00           6602 · Marketing & PR         24,000.00           Total 6602 · Marketing & PR         24,000.00           6606.5 · Direct Administrative Expense         48,000.00           Total 6606.5 · Direct Administrative Expense         48,000.00		•
Total Income         503,557.40           Expense         6100 · Program and Festivals Expense           6500 · Scholarship Expense         11,000.00           6600 · WineFestival Production Costs         24,000.00           6602 · Marketing & PR         24,000.00           Total 6602 · Marketing & PR         24,000.00           6606.5 · Direct Administrative Expense         48,000.00           Total 6606.5 · Direct Administrative Expense         48,000.00		·
6100 · Program and Festivals Expense 6500 · Scholarship Expense 6600 · WineFestival Production Costs 6602 · Marketing & PR 6606 · Other Marketing & PR 24,000.00  Total 6602 · Marketing & PR 24,000.00  6606.5 · Direct Administrative Expense 6607 · Festival Director 48,000.00  Total 6606.5 · Direct Administrative Expense 48,000.00		
6100 · Program and Festivals Expense 6500 · Scholarship Expense 6600 · WineFestival Production Costs 6602 · Marketing & PR 6606 · Other Marketing & PR 24,000.00  Total 6602 · Marketing & PR 24,000.00  6606.5 · Direct Administrative Expense 6607 · Festival Director 48,000.00  Total 6606.5 · Direct Administrative Expense 48,000.00	Fynense	
6600 · WineFestival Production Costs         6602 · Marketing & PR       24,000.00         Total 6602 · Marketing & PR       24,000.00         6606.5 · Direct Administrative Expense       48,000.00         Total 6606.5 · Direct Administrative Expense       48,000.00		
6602 · Marketing & PR       24,000.00         6606 · Other Marketing & PR       24,000.00         Total 6602 · Marketing & PR       24,000.00         6606.5 · Direct Administrative Expense       48,000.00         Total 6606.5 · Direct Administrative Expense       48,000.00		11,000.00
6606 · Other Marketing & PR       24,000.00         Total 6602 · Marketing & PR       24,000.00         6606.5 · Direct Administrative Expense       48,000.00         Total 6606.5 · Direct Administrative Expense       48,000.00		
6606.5 · Direct Administrative Expense 6607 · Festival Director  Total 6606.5 · Direct Administrative Expense  48,000.00		24,000.00
6607 · Festival Director 48,000.00  Total 6606.5 · Direct Administrative Expense 48,000.00	Total 6602 · Marketing & PR	24,000.00
·	•	48,000.00
6609 · Grand Tasting Expense 19,028.50	Total 6606.5 · Direct Administrative Expense	48,000.00
	6609 · Grand Tasting Expense	19,028.50

## 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	2,096.71
6649 · Beaufort County Sheriff	2,388.00
6652 · Ice	3,855.93 1,500.00
6653 · Survey	1,300.00
6654 · Printing 6655 · Programs	750.00
6656 · Maps	709.00
6657 · Signs	3,140.89
6658 · Other Printing	279.99
Total 6654 · Printing	4,879.88
	4.544.00
6659 · Security	1,511.62
6660 · Retail Tent Expenses	0.400.40
6661 · Retail Wine Cost	2,409.10
6662 · Merchandise For Sale	2,451.57
6660 · Retail Tent Expenses - Other	221.88
Total 6660 · Retail Tent Expenses	5,082.55
6664 · Licenses	670.62
6667 · Event Food & Beverage	3,771.00
6668 · Wine	780.05
6670 · Give Away Item For Survey	1,963.50
6674 · Lodging	1,545.23
6676 · Awards / Medals	2,013.75 1,405.00
6679 · Enofile Expenses	•
6680 · Office Expenses 6681 · Other Event Expenses	522.15 22,895.27
6661 · Other Event Expenses	22,695.21
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 Balance Sheet

As of June 30, 2024

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

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

July 2022 through June 2023

	Jul '22 - Jun 23
Income	
4100 · Programs and Festivals 4600 · WineFestival Income	
4605 Intrn'l Wine Judging Entries	14,720.00
4606 · Admissions	2 000 02
4606.1 · Uncorked 4607 · Grand Tasting	2,668.02 23,370.04
4608 · Public Tasting	123,527.51
4611 · Other Events 4611.11 · Sip & Stroll	18,158.55
4611.22 · Craft Beer Event	13,628.42
Total 4611 · Other Events	31,786.97
4612 · Unassigned Receipts	487.79
Total 4606 · Admissions	181,840.33
Total 4600 · WineFestival Income	196,560.33
4615 · Grand Tasting Auction	6,317.02
4616 · Public Tasting Auction 4617 · Wine Vendor Booths	4,374.00 8,600.00
4618 · Food Vendor Booths	500.00
4619 · Retail Vendor Booths	500.00
4640 · Sponsorship 4655 · Grants	68,850.00
4656 · Town of HHI ATAX	136,631.39
4657 · Beaufort County ATAX 4658 · SCPRT	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	19,651.00
6600 · WineFestival Production Costs 6602 · Marketing & PR	
6606 Other Marketing & PR	24,000.00
Total 6602 · Marketing & PR	24,000.00
6606.5 · Direct Administrative Expense	
6607 Festival Director	48,000.00
6608 · Other Direct Administrative	2,200.00
Total 6606.5 · Direct Administrative Expense	50,200.00
6609 · Grand Tasting Expense 6610 · Advertising - ATAX Elgible	17,769.04
6611 · Print, News Papers	10,449.00
6613 · Digital 6614 · Television	27,193.72 2,796.17
6615 · Radio	4,459.52
6617 · Social Media	32,033.94 13,066.01
6618 · Email 6619 · Other Advertising	13,966.91 16,461.74
6619.01 · Advertising Management	6,332.30
Total 6610 · Advertising - ATAX Elgible	113,693.30
6629 · Advertising Creative Expense	6,000.00

## 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	720.00
6642 Food & Beverage	10,211.15
6644 · Glassware	18,198.43
6645 · Entertainment	1,650.00
6647 · Facility Rental	4,228.50
6649 · Beaufort County Sheriff	776.00
6652 · Ice	1,165.96
6653 · Survey	1,976.76
6654 · Printing	•
6655 · Programs	860.00
6656 · Maps	993.96
6657 · Signs	3,770.41
6658 · Other Printing	92.38
Total 6654 · Printing	5,716.75
6659 · Security	2,135.00
6660 · Retail Tent Expenses 6661 · Retail Wine Cost	3,797.37
Total 6660 · Retail Tent Expenses	3,797.37
6664 · Licenses	196.00
6667 Event Food & Beverage	4,350.00
6668 · Wine	713.67
6669 · Volunteer T-Shirts	1,206.00
6674 · Lodging	1,249.00
6676 · Awards / Medals	1,985.63
6679 · Enofile Expenses	1,560.00
6680 · Office Expenses	1,010.97
6681 · Other Event Expenses	9,836.52
Total 6630 · Wine & Food Fest Expenses	139,346.75
6666 · Judging Expenses	4,004.32
Total 6600 · WineFestival Production Costs	355,013.41
6682 · Bank & Credit Card Fees 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
Total 0100 Flogialii aliu Festivais Expelise	401,323.24

2:52 PM 09/10/25 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	

## 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

INTERNAL REVENUE SERVICE DISTRICT DIRECTOR 401 W. PEACHTREE ST. NW ATLANTA, GALLOGGE 1095

Dates

HILTON HEAD HOSPITALITY ASSOCIATION INC C/O JANICE L LEWIS PO BOX E097 HILTON HEAD ISLAND: SC 29938-5097 DEPARTMENT OF THE TREASURY

Employer Identification Number: 57-079365
Case Number: 586080027
Contact Person: ARIEANE H. BARRS
Contact Telephone Number: (404) 331-0936

Internal Revenue Code
Section 501(c)(3)
Accounting Period Ending:
December 51
Form 990 Required;
Yes
Addendum Applies:
Yes

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption; we have determined you are exempt from Federal income tax under section 561(a) of the Internal Revenue Code as an organization described in the soction indicated above.

Unless specifically excepted, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) for each employee to whom you pay \$100 or more during a calendar year. And, unless excepted, you ask elso liable for tax under the Federal Unemployment Tex Act for each employee to whom you pay \$50 or more during a calendar quarter if; during the current of 20 calendar year, you had one or more employees at any time in each quarter. If you have any questions about excise, employment, or other Federal taxes, please address them to this office.

If your sources of support, or your purposes, character: or method of operation change, please let us know so we can consider the effect of the change on your exempt status. In the case of an amendment to your organizational document or bylams, please send us a copy of the amended document or bylams. Also, you should inform us of all changes in your name or address.

In the heading of this letter we have indicated whether you must file Form 990; Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail; please file the return even if you do not exceed the gross receipts test. If you are not required to file; simply attack the label provided; check the box in the heading to indicate that your ennual gross receipts are normally \$25,000 or less; and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for

### HUBERT L. BERNHEIM, CPA POST OFFICE DRAWER NINE HILTON HEAD ISLAND, SC 29938 (843) 671-6005 OLDRENBERT5135@AOL.COM

December 6, 2024

HILTON HEAD AREA HOSPITALITY ASSOCIATION POST OFFICE BOX 5097 HILTON HEAD ISLAND, SC 29938

#### Statement of Charges for Services Rendered:

#### **Tax Preparation Fees:**

TAX RETURN PREPARATION FEE-2023	\$ 775.00
Total fee	\$ 775.00

### 990

В

J

Activities & Governance

Revenue

Expenses

Assets or d Balances

Net A Fund B

#### Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

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.

Go to www.irs.gov/Form990 for instructions and the latest information. Jun 30 For the 2023 calendar year, or tax year beginning Jul 2023, and ending 2024 Check if applicable: C Name of organization HILTON HEAD AREA HOSPITALITY ASSOCIATION D Employer identification number Doing business as HILTON HEAD ISLAND WINE & FOOD, INC. 57-0798565 Address change Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite POST OFFICE BOX 5097 (843)301-9256 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 \$ 503,557. F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes X No Application pending JEFF GERBER, 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 Summary Part I Briefly describe the organization's mission or most significant activities: TO PROMOTE THE HILTON HEAD ISLAND, SC HOSPITALITY INDUSTRY 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . . 3 3 9 4 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 0 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 6 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 7b 0. Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . . 454,801 503,557. Program service revenue (Part VIII, line 2g) 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 503,557. 454,801 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 19,651. 11,000. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 417,872. 491,134. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 437,523. 502,134. 19 Revenue less expenses. Subtract line 18 from line 12 17,278 1,423. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 277,468. 276,045. 21 22 Net assets or fund balances. Subtract line 21 from line 20 276,045 277,468. 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 Signature of officer Date

Sign Here JEFF GERBER, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Check X if Paid 12/06/2024 self-employed HUBERT L BERNHEIM P01284405 Preparer Firm's name Firm's EIN HUBERT L. BERNHEIM, CPA 36-2750133 Use Only Firm's address POST OFFICE DRAWER NINE, HILTON HEAD ISLAND (843) 671-6005 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

С	(Code:)	(Expenses \$	including	grants of \$	) (Revenue \$	)
		***************************************				
	Other program servi	ces (Describe on So	chedule O.)	· · · · · · · · · · · · · · · · · · ·	***	
	(Expenses \$	including of	grants of \$	) (Revenue \$	)	
	Total program service	ce expenses	486,502.			
			REV 09/1	17/24 PRO		Form <b>990</b> (2

Part	M Checklist of Required Schedules			(Contract)
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,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	7		×
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, IX, or X, as applicable.			
a	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	그렇게 하면 하면 이 경기는 그러워 하면 하면 하면 하면 되었다. 그런 그렇게 하면	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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	4.8		18
15	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.  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		×
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		×
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		×
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
00	If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> ,	20a 20b		×
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX column (A) line 12 If "Yes" complete Schedule I. Parts Land II.	24		_

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			
16		24a	-	×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in noncash 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 on 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			1
			Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0  Did the appropriate approximation applicable approximation of the property of the property and	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	3b		
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country	40		
-	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?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
Ь	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?	70		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.0		
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		-
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	170		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			3
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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	-	
а	Note: See the instructions for additional information the organization must report on Schedule O.	Toa		1007
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		×
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
15	excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Part	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			
Secti	on A. Governing Body and Management	<u> </u>	·	
	on the determing 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.			
ь 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?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		6 () 6) () () ()	
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? If "Yes," provide the names and addresses on Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
			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	eding are mirely stand	×
b b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12b		
13	Did the organization have a written whistleblower policy?	12c		×
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	75.75 75.75		
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
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			
L	with a taxable entity during the year?	16a	्रास्ट्रहरू है।	×
b	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-	Γ (sec	tion 5	01(c)
19	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Dupon 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 re JEFF GERBER, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938 (843) 686-4			

Form 990 (202	3)					
Part VII	Compensation of Officers	, Directors,	Trustees,	Key Employees,	<b>Highest Compensated</b>	Employees
	Independent Contractors					

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

				((	C)					
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and title	Average					e than o is both		Reportable	Reportable	Estimated amount
	hours per week					or/trus	tee)	compensation from the	compensation from related	of other
	(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)	organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JAMES HILL	5.00			l						
PRESIDENT & DIRECTOR	ļ	×		×						
(2) SARAH MORGOT SECRETARY & DIRECTOR	2.00	×		×						
(3) GARY WHITEHEAD	3.00									
TREASURER & DIRECTOR		×		×						
(4) MIKE KAUP VICE PRESIDENT & DIRECTOR	2.00	×		×						
(5) ED BROWN	2.00								=-	
DIRECTOR		×			<u> </u>					
(6) CHRISTOPHER TASSONE DIRECTOR	2.00	×								
(7) ROBERT HOHMAN	2.00									
DIRECTOR EMERITUS		×								
(8) HEATHER MASTROPOLE DIRECTOR	3.00	×								
(9) JEFF GERBER EXECUTIVE DIRECTOR	40.00	×						72,000.		
(10)										
(11)										
(12)										
(13)										
(14)								:		

Part	Section A. Officers, Directors,	Trustees,	l cy i			C)	3, 41	iu i	ngnest compe	nsated Emplo	yccs	COTTU	lucu
	(A) Name and title	(B) Average hours per week	box,	unles er and	neck ss pe d a c	rson	e than is both or/trus	nan	(D)  Reportable compensation from the	(E) Reportable compensation from related		(F) lated am of other npensati	
		(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)		orga	from the nization organiz	and
(15)	***************************************						12.						
(16)													
(17)													
(18)													
(19)													
(20)		*************											
(21)													
(22)	***************************************												
(23)													
(24)													
(25)													
1b	Subtotal								72,000.				
2	Total from continuation sheets to Par Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organ	ut not limited	v .				above	e) w	72,000. ho received mor	e than \$100,000	of		
3	Did the organization list any former employee on line 1a? If "Yes," complete								oyee, or highes		3	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations individual		an \$1	50,									×
5	Did any person listed on line 1a receive for services rendered to the organization												×
Secti 1	on B. Independent Contractors  Complete this table for your five hig compensation from the organization. Rep	hest comp	ensate	ed i	inde	eper	ndent	CO	ntractors that r	eceived more t	han \$		00 of
	(A) Name and business ad			****					(B) Description of serv		(C) Compen	ĺ.	
2	Total number of independent contract received more than \$100,000 of compen						ed to	th	ose listed abov	e) who			

Form 9	90 (202	3)								Page 9
Par	VIII									
		Check if Schedule	0 00	ontains a re	espor	nse or note to an	y line in this Pa	art VIII		🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaig	ns .	+ + +	1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b				100	
s, G	С	Fundraising events			1c	363,635.				
Sift	d	Related organizatio Government grants			1d	120 022				
imi	e f	All other contribution			1e	139,922.				No.
tior er S		and similar amounts n			1f					
ibu	g	Noncash contribution								
ontr		lines 1a-1f			1g	\$				
ğ ç	h	Total. Add lines 1a-	-1f .				503,557.			
۵						Business Code				
Program Service Revenue	2a									
gram Ser Revenue	b	***************************************								
III.	d	***************************************							-	
gra	e									
Pro	f	All other program se								
	g	Total. Add lines 2a-								
	3	Investment income								
		other similar amour								
	4	Income from investr			npt bo	ond proceeds		- Assessment and the second		
	5	Royalties		(i) Rea		(ii) Personal				
	6a	Gross rents	6a	(i) Nea		(ii) Personal				
	b	Less: rental expenses	6b							(
	c	Rental income or (loss)								
	d	Net rental income o		s)						
	7a	Gross amount from		(i) Securi		(ii) Other		1-1-1		
		sales of assets								
		other than inventory	7a							
nue	b	Less: cost or other basis								
ver		and sales expenses .	7b							
Other Reve	d	Gain or (loss) Net gain or (loss)	7c							
Jer		Gross income from	m fu	ndraicina						
off	oa	events (not including								
		of contributions re								
		1c). See Part IV, line	18		8a					
	b	Less: direct expens			8b					
	С	Net income or (loss)			g eve	ents				
	9a	Gross income factivities. See Part I			0-					
	b	Less: direct expens			9a 9b					
		Net income or (loss)			-	20				
		Gross sales of in								
		returns and allowan			10a					
	b	Less: cost of goods	sold		10b			V		
	С	Net income or (loss)	from	sales of ir	rvento					
sno						Business Code				
neo	11a									
scellaneo Revenue	b									
Miscellaneous Revenue	d	All other revenue								
Σ	e	Total. Add lines 11a								
	12	Total revenue. See					503,557.			

Part IX Statement of Functional Expenses

D-	Check if Schedule O contains a response				
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 .	11,000.	11,000.		
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				
5	Benefits paid to or for members				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10 11	Other employee benefits				
a b	Management	48,000.	48,000.		
c d	Accounting	1,000.		1,000.	
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	148,295.	148,295.		
13	Office expenses	522.	140,233.	522.	
14	Information technology				
15	Royalties				
16	Occupancy	12,998.		12,998.	
17 18	Travel			122	
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	10,363.	10,363.		
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.)				
2	POSTAGE	262		262	
a b	EQUI PMENT	262. 50.		262.	
C	WEBSITE MAINTENANCE	800.		800.	
d	FESTIVAL PRODUCTION COST	268,844.	268,844.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	502,134.	486,502.	15,632.	
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

-		Check if Schedule O contains a response or note to any line in this Part	(A)		(B)
			Beginning of year		End of year
	1	Cash-non-interest-bearing	262,290.	1	252,241.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	13,097.	4	24,569.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 658.			
	b	Less: accumulated depreciation 10b	658.	10c	658.
	11	Investments—publicly traded securities	000.	11	900.
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	276,045.	16	277,468.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions		27	
d B	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
0 8	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds .	276,045.	31	277,468.
let	32	Total net assets or fund balances	276,045.	32	277,468.
2	33	Total liabilities and net assets/fund balances	276,045.	33	277, 468. Form <b>990</b> (2023)

in.		4	-
Pag	e	- 1	4

	XI Reconciliation of Net Assets			Fe	ige 12
	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		03,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	02,1	34.
3	Revenue less expenses. Subtract line 2 from line 1	3		1,4	23.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	76,0	)45.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O) ,	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B)) , ,	10	2	77,4	68.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			V	Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash X Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain on		8	
	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 co	mpiled or			100
	reviewed on a separate basis, consolidated basis, or both.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	a dist	2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were aud		100		
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight of			
	the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, e		20		
	Schedule O.	np.a			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in the			
ou	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		×
b			Sa		^
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such		3b		
			1	m 990	inne-
	REV 09/17/24 PRO		FOI	m 990	(2023

#### 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. OMB No. 1545-0047

**Open to Public** Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number HILTON HEAD AREA HOSPITALITY ASSOCIATION 57-0798565 Organizations Maintaining Donor Advised Funds or Other Similar Funds 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 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b c Number of conservation easements on a certified historic structure included on line 2a . . . 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. 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. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

b Assets included in Form 990, Part X .

\$

following amounts required to be reported under FASB ASC 958 relating to these items.

School de D. (Farm 200) 2002	D (1
Schedule D (Form 990) 2023	Page 2

Dox	Overningtions Maintaining	Callantiana	C And Lin	taniaal 7	<u> </u>	O	ban Cimilan A	nacta (sar	tinuad)
	Organizations Maintaining								
3	Using the organization's acquisition, a collection items (check all that apply).	accession, and o	otner reco	ras, cnec	ck any of th	ne tollov	ving that make	significant	use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	je progi	ram		
b	☐ Scholarly research								
С	Preservation for future generations								
4	Provide a description of the organizat		and expla	ain how t	hev further	the ord	anization's exe	mpt purpos	se in Part
	XIII.				,		,		
5	During the year, did the organization	solicit or receive	e donation	s of art	historical t	reasure	s or other simil	ar	
	assets to be sold to raise funds rather								∏ No
Part					3				
ı aı ı			o" on For	000 [	Dort IV lin	~ O ~r	ranartad an ar	nount on	Earm
	Complete if the organization	answered re	5 011 1701	III 990, I	rait iv, iiii	e 9, 0i	reported arrai	nount on	COIIII
	990, Part X, line 21.		41	!! · £		41		_1	
ıa	Is the organization an agent, trustee,							_	
	included on Form 990, Part X?							∐ Yes	⊢ ∐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comp	lete the fo	ollowing to	able.				
							P	mount	
C	Beginning balance					10	;		
d	Additions during the year					10	i		
е	Distributions during the year					16	)		
f	Ending balance					11	:		
2a	Did the organization include an amour	nt on Form 990, i	Part X, line	21, for e	scrow or c	ustodia	I account liability	/? ☐ Yes	☐ No
b	If "Yes," explain the arrangement in Pa								
Par									
	Complete if the organization	answered "Ye	s" on For	m 990. F	Part IV. lin	e 10.			
		(a) Current year		or year	(c) Two yea		(d) Three years bac	k (e) Four v	ears back
1a	Beginning of year balance	(4) 00	1,2,	- , , , , , ,	(0) / 110 / 00	Jack	(a) miss years suc	(6) . 64. )	out buok
b	Contributions		<del> </del>						
C	Net investment earnings, gains, and							_	
·	losses								
_1									
d	Grants or scholarships		<del></del>						
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	ı, column (a	a)) held	as:		
а	Board designated or quasi-endowmer	nt	%						
b	Permanent endowment	%							
C	Term endowment %								
	The percentages on lines 2a, 2b, and 2	2c should equal	100%.						
3a	Are there endowment funds not in the	possession of	the organi	zation tha	at are held	and ad	ministered for the	ne	
	organization by:							\[\bar{\gamma}\]	es No
	(i) Unrelated organizations?							3a(i)	
	(ii) Related organizations?							3a(ii)	
b	If "Yes" on line 3a(ii), are the related or							3b	
4	Describe in Part XIII the intended uses							L	
Part									
	Complete if the organization		s" on For	m 990. F	art IV. lin	e 11a.	See Form 990	Part X. li	ne 10.
	Description of property	(a) Cost or		1	or other basis		Accumulated	(d) Book	
	, , ,	(invest			ther)		epreciation		
1a	Land					7, C.			
b	Buildings	`			-	4 miles Marania	and the state of t		
C	Leasehold improvements	·		<del> </del>		<del></del>			
d	Equipment		658.						658.
	0.1	·	050.	<u> </u>					- 550.
	Other		990 Part	l Cline 10	c column (	B))		<u>-</u> .	658.
- <del> </del>	==oo ra arrough re. (Oolumin (u) m	Jose Oquai i Oiiii .	Jour, i ait /	, mie 100	o, coluititi (	٠			556.

Part VII	Investments—Other Securities	m 000 Part IV line	11h Soc Form 000 Part V line 12
	Complete if the organization answered "Yes" on Form  (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)			
(F)			
(G)			
(H)			
	mn (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII	Investments – Program Related		
	Complete if the organization answered "Yes" on Fore	m 990, Part IV, line	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)		= = = > 1	
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	Other Assets Complete if the organization answered "Yes" on For	m 990, Part IV, line	
197	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, line 15, col. (B))		1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Part X	Other Liabilities Complete if the organization answered "Yes" on Forline 25.	TALL CONTRACTOR	
1.	(a) Description of liability		(b) Book value
(1) Federal in			
(2)	100.110 101.00		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, line 25, col. (B))		
	r uncertain tax positions. In Part XIII, provide the text of the footnot		
organization	's liability for uncertain tax positions under FASB ASC 740. Check	nere if the text of the	tootnote has been provided in Part XIII .

Part	ΧI	Reconciliation of Revenue per Audited Financial Stateme		Return
		Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1	Total	revenue, gains, and other support per audited financial statements		1
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net u	nrealized gains (losses) on investments	2a	
b	Donat	ted services and use of facilities	2b	
C	Reco	veries of prior year grants	2c	
d	Other	(Describe in Part XIII.)	2d	(大)
е	Add li	nes 2a through 2d		2e
3	Subtr	act line 2e from line 1		3
4	Amou	ints included on Form 990, Part VIII, line 12, but not on line 1:		
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other	(Describe in Part XIII.)	4b	
С	Add li	nes 4a and 4b		4c
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part	XII	Reconciliation of Expenses per Audited Financial Statem	ents With Expenses po	er Return
		Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1	Total	expenses and losses per audited financial statements		1
2	Amou	ints included on line 1 but not on Form 990, Part IX, line 25:		4.14
а	Donat	ted services and use of facilities	2a	in the Control of the
b	Prior y	year adjustments	2b	
С	Other	losses	2c	1
d	Other	(Describe in Part XIII.)	2d	12.1
е	Add li	nes 2a through 2d		2e
3	Subtr	act line 2e from line 1		3
4	Amou	ints included on Form 990, Part IX, line 25, but not on line 1:		
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other	(Describe in Part XIII.)	4b	
C	Add li	nes 4a and 4b		4c
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
5 Part	Total XIII	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information	: 18.)	5
5 Part Provid	Total XIII e the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total XIII e the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information	9 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total XIII e the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.)	5 p; Part V, line 4; Part X, line
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5 Part Provid	Total XIII e the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.)	5 b; Part V, line 4; Part X, line
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5 Part Provid	Total XIII e the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total XIII e the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.)	5 b; Part V, line 4; Part X, line
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5 Part Provid	Total XIII e the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total XIII e the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.)	5 b; Part V, line 4; Part X, line
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5 Part Provid	Total XIII e the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.)	5 p; Part V, line 4; Part X, line
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5 Part Provid	Total XIII e the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.)	5 p; Part V, line 4; Part X, line
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5 Part Provid	Total XIII e the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.)	5 p; Part V, line 4; Part X, line

Schedule D (For	n 990) 2023 Pag	је <b>5</b>
	Supplemental Information (continued)	_
	<del>,</del>	

# SCHEDULE O (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.

Attach to Form 990 or Form 990-EZ.

2023

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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 BO	DARD MEMBER
Pt VI, Line 11b: FOR REVIEW PRIOR TO BEING APPROVED BY THE BOAR	RD 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 ORGA	ANIZATION'S OFFICE
FOR ANYONE REQUESTING TO VIEW A COPY OF THE FORM 990 AND THE FO	ORM 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 2023, or fiscal year beginning  $\ Jul\ 1$  , 2023, and ending  $\ Jun\ 30$  , 2024

OMB No. 1545-0047

Department of the Treasury

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

internal Revenue Service					
Name of filer				EIN or SSN	
HILTON HEAD AR		Y ASSOCIATION		57-0798565	5
Name and title of officer or	person subject to tax				
JEFF GERBER, E					
	f Return and Ret		<del>_</del>		
8038-CP and Form 53 3a, 4a, 5a, 6a, 7a, 8a 3b, 4b, 5b, 6b, 7b, 8b	330 filers may enter , <b>9a</b> , or <b>10a</b> below, a , <b>9b</b> , or <b>10b</b> , whiche	you are using this Form 8879-TE and endillars and cents. For all other forms, en and the amount on that line for the return ever is applicable, blank (do not enter -0-), ore than one line in Part I.	ter whole dollars being filed with t	s only. If you che this form was bla	ck the box on line 1a, 2a, ink, then leave line 1b, 2b,
1a Form 990 che	· —	b Total revenue, if any (Form 990, Pa	rt VIII. column (A	), line 12)	1b
2a Form 990-EZ	=	b Total revenue, if any (Form 990-EZ,			2b
3a Form 1120-PO	_	b Total tax (Form 1120-POL, line 22)			3b
4a Form 990-PF	=	b Tax based on investment income			4b
5a Form 8868 ch		b Balance due (Form 8868, line 3c) .	-		<b>5b</b> 0.
6a Form 990-T c	=	b Total tax (Form 990-T, Part III, line 4			6b
	eck here	b Total tax (Form 4720, Part III, line 1)			7b
	eck here	b FMV of assets at end of tax year (			8b
	eck here	b Tax due (Form 5330, Part II, line 19)		•	9b
10a Form 8038-CP		b Amount of credit payment requeste			10b
		ure Authorization of Officer or Pe	rson Subject	to Tax	
		I am an officer of the above entity or			with respect to (name
•	ijai y, i acolai c tilat				xamined a copy of the
2023 electronic return complete. I further de intermediate service p acknowledgement of the date of any refunc (direct debit) entry to	clare that the amoun provider, transmitter, receipt or reason for I. If applicable, I auth the financial institution	schedules and statements, and, to the best in Part I above is the amount shown on or electronic return originator (ERO) to se rejection of the transmission, (b) the reast porize the U.S. Treasury and its designated on account indicated in the tax preparation the appropriate the entry to this account. To revoke a party to this account.	est of my knowle the copy of the e nd the return to on for any delay d Financial Agen n software for pa	electronic return. the IRS and to re in processing the it to initiate an ele ayment of the fed	I consent to allow my eceive from the IRS (a) an e return or refund, and (c) ectronic funds withdrawal deral taxes owed on this
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## Form 8879-TE

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

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

2022

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.

Merital Hoveride Corvice		to intrimolycom contect of	= rec into lateout into initiation		
Name of filer				EIN or SSN	
HILTON HEAD AREA HOSPI Name and title of officer or person subject		ASSOCIATION		57-0798565	
		100			
Part I Type of Return as					
Check the box for the return for			TE and ontor the applica	blo amount if an	y from the return Form
3038-CP and Form 5330 filers ma 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a b 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, applicable line below. <b>Do not</b> com	y enter dol below, and whichever	lars and cents. For all other the amount on that line for is applicable, blank (do no	er forms, enter whole dollars the return being filed with the	s only. If you chec this form was blar	ck the box on line 1a, 2a nk, then leave line 1b, 2b
1a Form 990 check here			orm 990, Part VIII, column (A	), line 12)	1b 454,801.
2a Form 990-EZ check here .			orm 990-EZ, line 9)		2b
3a Form 1120-POL check here .	. 🗌 b	Total tax (Form 1120-PC	DL, line 22)		3b
4a Form 990-PF check here .		Tax based on investme	nt income (Form 990-PF, P	art V, line 5) .	4b
5a Form 8868 check here			3, line 3c)		5b
6a Form 990-T check here .	and the second second		Part III, line 4)		6b
7a Form 4720 check here			art III, line 1)		7b
8a Form 5227 check here			f tax year (Form 5227, Item		8b
9a Form 5330 check here		그 그리 그릇이 가장 되는 경에 가게 되는 것이 모든 것이다.	rt II, line 19)		9b
10a Form 8038-CP check here .			nt requested (Form 8038-CP		10b
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Under penalties of perjury, I declar of entity)	e mat 🔼	rain an onicer of the above		A DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF	amined a copy of the
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PIN: check one box only  I authorize			to optor my DINI		as my signature
	ER	O firm name	to enter my PIN	Enter five numbers	
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As an officer or person subje- filed return. If I have indicated of the IRS Fed/State program	d within this	s return that a copy of the	return is being filed with a s		
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Part III Certification and	Authenti	cation			
ERO's EFIN/PIN. Enter your six-di number (EFIN) followed by your five			5 7 0 4 1 2 Do not ente		5
certify that the above numeric en am submitting this return in accor Providers for Business Returns.					
ERO's signature			Date	09/22/2023	
		HALL COLD TO SERVE			
	FR	O Must Retain This Fo	orm - See Instruction	9	

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

# Form **990**

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

OMB No. 1545-0047

2022

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.

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

Open to Public Inspection

A For the 2022 calendary year, or tax year beginning	B Check if applicable:  Address change  Doing business as HILTON HEAD ISLAND WINE & FOOD, INC.  Name change  Initial return  POST OFFICE BOX 5097  City or town, state or province, country, and ZIP or foreign postal code  HILTON HEAD ISLAND, SC 29938  F Name and address of principal officer:  SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938  Tax-exempt status:  SOUTH ENTRUP, POST OFFICE BOX 501(c) (6 ) (insert no.) 4947(a)(1) or 527  Website: www.hiltonheadhospitalityassociation.com  K Form of organization: Corporation Trust Association Other  C Name of organization HILTON HEAD ISLAND AREA HOSPITALITY ASSOCIATION  D Employer identification 57-0798565  E Telephone number (843) 441-963  G Gross receipts \$  G Gross receipts \$  H(a) Is this a group return for subordinates? [ H(b) Are all subordinates included? [ H(b) Are all subordinates included? [ H(c) Group exemption number H(c) Group exemption number   K Form of organization: Corporation Trust Association Other L Year of formation: 1995 M State of legal domices in the company of the company	454,801.  Yes No Yes No tions.  Citle: SC  ALITY INDUSTRY  S.  9 0
Doing business as HLT/DON   READ   SILAND   WINE   S. FOOD, INC.   57-0798565	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 (843) 441-963    Initial return POST OFFICE BOX 5097 (843) 441-963   Final return/terminated Amended return HILTON HEAD ISLAND, SC 29938 GGross receipts \$   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? I Tax-exempt status: 501(c)(3) ★501(c)(6) (6) (insert no.) 4947(a)(1) or 527 H(c) Group exemption number (Form of organization: Corporation Trust Association Other L Year of formation: 1995 M State of legal domice. 1995 M	454,801.  Yes No Yes No tions.  Citle: SC  ALITY INDUSTRY  S.  9 0
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Initial return   POST_OFFICE_BOX_5097   (843) 41-9633   (843) 41-9633   (1) or town, state or province, country, and ZIP or foreign postal code   R1LTON_READ_ISLAND, SC_29938   (843) 41-9633   (843) 41-96	Initial return	454,801. Yes No Yes No tions.  Sile: SC  ALITY INDUSTRY  S.  9 0
City or town, state or province, country, and ZiP or foreign postal code	Final return/terminated Amended return Application pending F Name and address of principal officer: SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938  I Tax-exempt status: 501(c)(3) Source box 501(c) (6 ) (insert no.) 4947(a)(1) or 527  J Website: www.hiltonheadhospitalityassociation.com  K Form of organization: Corporation Trust Association Other  City or town, state or province, country, and ZIP or foreign postal code H(a) Is this a group return for subordinates?  H(a) Is this a group return for subordinates?  H(b) Are all subordinates included?  If "No," attach a list. See instruct H(c) Group exemption number	454,801. Yes No Yes No tions.  Sile: SC  ALITY INDUSTRY  S.  9 0
Application pending   Filt No.   HEAD ISLAND, SC 29938   Gross receipts \$ 454,801.	Amended return  Application pending  F Name and address of principal officer:  SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938  I Tax-exempt status: 501(c)(3) \$\infty\$ 501(c) (6 ) (insert no.) 4947(a)(1) or 527    Website: www.hiltonheadhospitalityassociation.com   H(c) Group exemption number	Yes No Yes No No titions.  ALITY INDUSTRY  S.  9 0
Application pending   Filter and address of penopel officer   SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938   High Are all subcordinates included? If yet   No   No   No   No   No   No   No   N	Application pending F Name and address of principal officer:  SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938  I Tax-exempt status: 501(c)(3) Source of principal officer:  J Website: www.hiltonheadhospitalityassociation.com  K Form of organization: Corporation Trust Association Other  L Year of formation: 1995 M State of legal domice.	Yes No Yes No No titions.  ALITY INDUSTRY  S.  9 0
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Briefly describe the organization's mission or most significant activities: 10 ROWITS THE HILTON HAD ISLAND, SC HOSPITALITY INDUSTRY  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 9 9 4 Number of independent voting members of the governing body (Part VI, line 1b).  4 9 9 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a).  5 Total number of votunteers (estimate if necessary).  6 0 200 7a Total number of volunteers (estimate if necessary).  7 Total unrelated business taxable income from Porn 990-T, Part I, line 11.  8 Contributions and grants (Part VIII, line 1h).  9 Program service revenue (Part VIII, column (A), lines 1).  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1).  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  15 Salaries, other compensation, employee benefits (Part IX, column (A), line 1).  16 Professional fundraising expenses (Part IX, column (A), line 11e).  17 Other expenses (Part IX, column (A), line 11e).  18 Total expenses. Add lines 13-17 (must equal Part III, column (A), line 25).  19 Revenue less expenses. Subtract line 18 from line 20.  20 Total assets (Part X, line 26).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Total assets (Part X, line 26).  24 Total liabilities (Part X, line 26).  25 Revenue less expenses. Subtract line 21 from line 20.  25 Royal (Part II).  26 Signature Block  27 Total liabilities (Part X, line 26).  28 Part II Signature Block  29 Part II Signature Block  20 Total assets (Part X, line 26).  21 Firm's name HUBERT L. BERNHEIM, CPA.  20 Firm's name HUBERT L. BERNHEIM, CPA.	Part Summary	s. 9 9
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b Net unrelated business taxable income from Form 990-T, Part I, line 11	7a Total unrelated business revenue from Part VIII. column (C), line 12	
8 Contributions and grants (Part VIII, line 1h)		
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) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 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) 16 Professional fundraising fees (Part IX, column (A), line 4) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total lassets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 25 Signature Block  19 JEFF GERBER, EXECUTIVE DIRECTOR Type or print name and title  Preparer  10 Investment income (Part VIII, column (A), lines 13-17 (must equal Part IX, column (A), lines 12) 26 Point III Signature Block  10 Jeff GERBER, EXECUTIVE DIRECTOR Type or print name and title  Preparer  10 Jeff GERBER, EXECUTIVE DIRECTOR Type or print name and title  Prim's name HUBERT L. BERNHEIM, CPA  Firm's name HUBERT L. BERNHEIM, CPA  Firm's name HUBERT L. BERNHEIM, CPA  Firm's sin 36-2750133		
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) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 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) 16 Professional fundraising fees (Part IX, column (A), line 4) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total lassets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 25 Signature Block  19 JEFF GERBER, EXECUTIVE DIRECTOR Type or print name and title  Preparer  10 Investment income (Part VIII, column (A), lines 13-17 (must equal Part IX, column (A), lines 12) 26 Point III Signature Block  10 Jeff GERBER, EXECUTIVE DIRECTOR Type or print name and title  Preparer  10 Jeff GERBER, EXECUTIVE DIRECTOR Type or print name and title  Prim's name HUBERT L. BERNHEIM, CPA  Firm's name HUBERT L. BERNHEIM, CPA  Firm's name HUBERT L. BERNHEIM, CPA  Firm's sin 36-2750133	8 Contributions and grants (Part VIII line 1b) 640, 684	454.801
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9 Program service revenue (Part VIII) line 2g)	101/0011
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10 Investment income (Part VIII column (A) lines 3.4 and 7d)	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . 6,000. 19,651.  14 Benefits paid to or for members (Part IX, column (A), line 4)	11 Other revenue (Part VIII, column (A), lines 5, 4, and 70)	
13   Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14   Benefits paid to or for members (Part IX, column (A), line 4)   15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   16a   Professional fundraising fees (Part IX, column (A), line 11e)   b   Total fundraising expenses (Part IX, column (A), line 11e)   17   Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   525, 412   417, 872   18   Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   531, 412   437, 523   19   Revenue less expenses. Subtract line 18 from line 12   109, 272   17, 278   17, 278   19   Revenue less expenses. Subtract line 18 from line 12   258, 767   276, 045   19   258, 767   276, 045   19   258, 767   276, 045   10   258, 767		
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)  18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  258, 767.  276, 045.  Part II  Signature Block  Under penalties of perjuy, 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.  Signature of officer  JEFF GERBER, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  HUBERT L BERNHEIM  Printy signature  Printy signature  Firm's name  HUBERT L BERNHEIM, CPA  Firm's sign 36–2750133		19,651.
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 109, 272 117, 278.  Beginning of Current Yeer End of Year 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 258, 767.  276, 045.  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.  Signature of officer  JEFF GERBER, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name HUBERT L BERNHEIM Preparer Use Only  Firm's name HUBERT L. BERNHEIM, CPA Firm's EIN 36-2750133		
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12	16a Professional fundraising fees (Part IX, column (A), line 11e)	area water a foreign
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12	b Total fundraising expenses (Part IX, column (D), line 25)	
19 Revenue less expenses. Subtract line 18 from line 12	17 Other expenses (Part IX, Column (A), lines 11a-11d, 111-24e)	
Total assets (Part X, line 16)		
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  JEFF GERBER, EXECUTIVE DIRECTOR  Type or print name and title  Paid  Preparer  HUBERT L BERNHEIM  Preparer  Use Only  Pirm's name HUBERT L. BERNHEIM, CPA  Firm's name HUBERT L. BERNHEIM, CPA  Firm's signature of officer  Date  Check X if PTIN of the proparer of the print of the print of the preparer of the print of the print of the preparer of the print of the preparer of the print of the preparer of the print o	19 Revenue less expenses. Subtract line 18 from line 12	
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  JEFF GERBER, EXECUTIVE DIRECTOR  Type or print name and title  Paid  Preparer  HUBERT L BERNHEIM  Preparer  Use Only  Pirm's name HUBERT L. BERNHEIM, CPA  Firm's name HUBERT L. BERNHEIM, CPA  Firm's signature of officer  Date  Check X if PTIN of the proparer of the print of the print of the preparer of the print of the print of the preparer of the print of the preparer of the print of the preparer of the print o	Beginning of Current Year End o	
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  JEFF GERBER, EXECUTIVE DIRECTOR  Type or print name and title  Paid  Preparer  HUBERT L BERNHEIM  Preparer  Use Only  Pirm's name HUBERT L. BERNHEIM, CPA  Firm's name HUBERT L. BERNHEIM, CPA  Firm's signature of officer  Date  Check X if PTIN of the proparer of the print of the print of the preparer of the print of the print of the preparer of the print of the preparer of the print of the preparer of the print o	열 등 20 Total assets (Part X, line 16)	<u>276,045.</u>
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  JEFF GERBER, EXECUTIVE DIRECTOR  Type or print name and title  Paid  Preparer  HUBERT L BERNHEIM  Preparer  Use Only  Pirm's name HUBERT L. BERNHEIM, CPA  Firm's name HUBERT L. BERNHEIM, CPA  Firm's signature of officer  Date  Check X if PTIN of the proparer of the print of the print of the preparer of the print of the print of the preparer of the print of the preparer of the print of the preparer of the print o	21 Total liabilities (Part X, line 26)	
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  JEFF GERBER, EXECUTIVE DIRECTOR  Type or print name and title  Paid  Preparer  Preparer's signature  Date  Check I if PTIN  09/22/2023 self-employed P01284405  Firm's name HUBERT L BERNHEIM, CPA  Firm's siln 36-2750133		<u> 276,045.</u>
Type or print name and title  Paid Preparer Use Only  Firm's name HUBERT L BERNHEIM  Preparer (other than officer) is based on all information of which preparer has any knowledge.  Date  Date  Date  Print/Type preparer's name HUBERT L BERNHEIM  Preparer's signature  Preparer's signature  Date  Check X if PTIN  09/22/2023 self-employed P01284405	Part II Signature Block	
Sign Here Signature of officer Date  JEFF GERBER, EXECUTIVE DIRECTOR Type or print name and title  Paid Preparer Use Only  Firm's name HUBERT L BERNHEIM, CPA  Date Check X if 09/22/2023 self-employed P01284405	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
Here  JEFF GERBER, EXECUTIVE DIRECTOR  Type or print name and title  Paid Preparer  HUBERT L BERNHEIM  Preparer's signature  Date 09/22/2023 Self-employed 09/22/2023 Self-employed Prim's name HUBERT L. BERNHEIM, CPA  Firm's name HUBERT L. BERNHEIM, CPA  Firm's EIN 36-2750133	true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Here  JEFF GERBER, EXECUTIVE DIRECTOR  Type or print name and title  Paid Preparer  HUBERT L BERNHEIM  Preparer's signature  Date 09/22/2023 Self-employed 09/22/2023 Self-employed Prim's name HUBERT L. BERNHEIM, CPA  Firm's name HUBERT L. BERNHEIM, CPA  Firm's EIN 36-2750133		
Type or print name and title  Paid  Preparer  HUBERT L BERNHEIM  Firm's name HUBERT L. BERNHEIM, CPA  Preparer  Use Only  Type or print name and title  Preparer's signature  O9/22/2023 Self-employed P01284405  Firm's EIN 36-2750133		
Paid Preparer Use Only Print/Type preparer's name Preparer's signature Preparer's signature Oate O9/22/2023 Preparer's name O9/22/2023 Print/Type preparer's name Frim's name Only Print/Type preparer's name Frim's signature O9/22/2023 Print/Type preparer's name Frim's signature O9/22/2023 Print/Type preparer's name O9/22/2023 Print/Typ	Here JEFF GERBER, EXECUTIVE DIRECTOR	
Preparer Use Only  HUBERT L BERNHEIM  09/22/2023 self-employed P01284405  Firm's name HUBERT L. BERNHEIM, CPA  Firm's EIN 36-2750133	Type or print name and title	
Preparer Use Only  HUBERT L BERNHEIM  09/22/2023 self-employed P01284405  Firm's name HUBERT L. BERNHEIM, CPA  Firm's EIN 36-2750133	Daid   Chick M	· · · · · · · · · · · · · · · · · · ·
Use Only Firm's name HUBERT L. BERNHEIM, CPA Firm's EIN 36-2750133	LUIDEDT I DEDNUETM   00/22/2023 self-employed police	284405
USE OTHER	Firebook UNDERS DEPARTMENT OF STATES	
	OSC OTHY	
May the IRS discuss this return with the preparer shown above? See instructions	<u> </u>	

	90 (2022)				Page 2
Part		tement of Program Service A	ccomplishments sponse or note to any line in thi	is Part III	🗆
1		scribe the organization's missio			
	TO PRO	MOTE THE HILTON HEAD	SLAND, SC HOSPITALITY	INDUSTRY	•••••
2	prior Forn	n 990 or 990-EZ?	icant program services during th	e year which were not listed or	the · □Yes ☒No
3		<del>-</del>	Schedule O. , or make significant changes i	in how it conducts, any prog	ıram · □Yes ⊠No
	If "Yes," o	describe these changes on Sche	edule O.		
4	expenses	s. Section 501(c)(3) and 501(c)(4	vice accomplishments for each o ) organizations are required to re or each program service reported	eport the amount of grants and	
4a		) (Expenses \$ 421	, 281. including grants of \$	19, 651. ) (Revenue \$	454,801.)
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other pro	gram services (Describe on Sch	edule O.)		

) (Revenue \$

including grants of \$

(Expenses \$ incl
Total program service expenses

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? If "Yes," complete Schedule C, Part I	3		_×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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. 98-197 If "Yes," complete Schedule C, Part III	5		V
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-	:	×
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
9	complete Schedule D, Part III	8		×
3	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			_×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		×
а	VII, VIII, IX, or X, as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
b	complete Schedule D, Part VI	11a	×	
	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	120		<del>  ^`</del>
	"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.	146		
15	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		_ <u>×</u> _
	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?			
00-	If "Yes," complete Schedule G, Part III	19		×
20a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		_ ×
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX column (A) line 12 if "Yes" complete Schedule I. Parts Land II.	200		

Part	Checklist of Required Schedules (continued)			
00	Did the exercisetion report many than \$5,000 of events or other against not to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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 through 24d and complete Schedule K. If "No," go to line 25a	24a		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
С	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	230		
	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-		
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,	- 55		
250	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		×
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	35b		×
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	36		×
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	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>	_^_	L
	Check if Schedule O contains a response or note to any line in this Part V	• •	 V	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   0	100	Yes	No
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?	1	ائد بىلغا م	

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No			
	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							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×			
b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			×			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?						
b							
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
_	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?	5b		<b>-^-</b>			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or						
_	gifts were not tax deductible?	6b	. 113404.1				
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		1				
	and services provided to the payor?	7a					
	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?	70					
4	· ·	7c	in sec	i e o dia			
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Lva#7			
f							
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g					
9 h	i de la companya del companya de la companya de la companya del companya de la companya del la companya de la c						
8	I memor in the second in the s						
	sponsoring organization have excess business holdings at any time during the year?	8	Francisco (	andre specie			
9	Sponsoring organizations maintaining donor advised funds.	· Lik	X is	1853 (375)			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		J			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:	1 -1 1		i i			
а	Initiation fees and capital contributions included on Part VIII, line 12			ng Sa			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	100					
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	7.5					
	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		1772174			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	14.					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	्रीत(१७५)	1.50			
b	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which	a.					
	the organization is licensed to issue qualified health plans	<b>建筑</b>					
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	Tables .	×			
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	<u> </u>					
	excess parachute payment(s) during the year?	15					
	If "Yes," see the instructions and file Form 4720, Schedule N.	T. (5)	1977	- Chilli			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		ľ			
	If "Yes," complete Form 4720, Schedule O.	2 4 1		1.00			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17					
	If "Yes," complete Form 6069.			tu select			

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			
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.		Yes	No
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?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?	4 5 6 7a		× × ×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-		
a b 9	The governing body?	8a 8b	×	×
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Co	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		×
11a b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13  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.	11a 12a 12b	×	×
13 14 15	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	13 14		×
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b		×
	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		
	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)			
19 20	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.  State the name, address, and telephone number of the person who possesses the organization's books and re		est p	olicy,
	SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938 (843) 686-			

-01111 990 (202	22)	uge .
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	

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

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

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

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

(A) Name and title	(B) Average hours per week	box, office	unles	Pos neck ss pe	erson Iirect	e than o is both or/trust	an ee)	(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)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) SCOTT ENTRUP	5.00									
PRESIDENT & DIRECTOR		×	_	×	<u> </u>					
(2) SARAH MORGOT SECRETARY & DIRECTOR	2.00	×		×						
(3) GARY WHITEHEAD TREASURER & DIRECTOR	3.00	×		×						
(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	4.00	×						48,000.		
(11)										
(12)										
(13)										
(14)										

	VII Section A. Officers, Directors,	1401000,	licy.		_	C)	o, an	-	ing.reet compe		, , ,		
	(A) Name and title	(B) Average hours per week	box,	unles er and	Pos neck ss pe	more rson irect	e than o	an tee)	(D)  Reportable compensation from the	(E) Reportable compensation from related	0	(F) ated am f other pensati	
		(list any hours for related organizations below dotted line)	Officer Institutional trust or director		Highest compensated employee Key employee Officer Institutional trustee Individual trustee or director		Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)		om the lization organiza		
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)	***************************************												
(24)	***************************************												
(25)													
1b c	Subtotal								48,000.				
d	Total (add lines 1b and 1c)	t not limited	to th	nose	e lis	ed	above	e) w	ho received mor	l e than \$100,000	of		
3	Did the organization list any former employee on line 1a? If "Yes," complete	officer, dire										Yes	No
4	For any individual listed on line 1a, is the organization and related organizations	sum of re greater th	portal	ble 150,	con	npei	nsatio	n a s,"	nd other compe	nsation from the			×
5	Did any person listed on line 1a receive of	or accrue co	ue compensation from any unrelated organization or individual es," complete Schedule J for such person		5		×						
Sect 1	on B. Independent Contractors  Complete this table for your five high compensation from the organization. Rep	nest comp	ensate	ed	inde	eper	ndent	СО	entractors that	received more	than \$		00 0
	(A) Name and business add		Cation	,,,,,,		, 00	orradi	,,,	(B) Description of ser		(C) Compens		y our.
2	Total number of independent contractor	ors (includir	ng bi	ıt n	ot	imit	ed to	th.	ose listed above	re) who			

		Check if Schedule O contains a response	or note to all				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
its,	1a	Federated campaigns 1a					
ran	b	Membership dues 1b			1450	15	1 =
, G	С	Fundraising events 1c	302,665.				
iffs ar	d	Related organizations 1d					
S, G	e	Government grants (contributions) 1e	152,136.				
OUS	f	All other contributions, gifts, grants, and similar amounts not included above					
Contributions, Gifts, Grants, and Other Similar Amounts	g	and similar amounts not included above 1f  Noncash contributions included in			7		
iti	9	lines 1a–1f 1g \$					
Sor	h	Total. Add lines 1a–1f		454,801.			
			Business Code	454,001.			
g	2a						
e Z	b						
gram Ser Revenue	С						
eve	d						
Program Service Revenue	е						
P	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, i					
	5	other similar amounts)					
	4	Income from investment of tax-exempt bond					
	5	Royalties	(ii) Personal				
	6a	Gross rents 6a	(II) Personal			-	
	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	20/1-			
		sales of assets					1.78
		other than inventory 7a					
e	b	Less: cost or other basis			, =		
evenue		and sales expenses . 7b			-		
3ev	С	Gain or (loss) 7c					
er	d	Net gain or (loss)					
Other R	8a	Gross income from fundraising					
0		events (not including \$ 302, 665.					
		of contributions reported on line 1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less					Fa
		returns and allowances 10a			1 -27 . 1		MERCE
	b	Less: cost of goods sold 10b					August
	С	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	110	E	Business Code				
scellaneo Revenue	11a b						
ella	C						
Re	d	All other revenue		0.	0.	0.	0.
Σ	e	<b>Total.</b> Add lines 11a–11d		0.			
	12	Total revenue. See instructions		454,801.	0.	0.	0.

	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete				
	Check if Schedule O contains a response				
8b, 9b	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	19,651.	19,651.		
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				
5	Benefits paid to or for members				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	48,000.	48,000.		
b	Legal				
C	Accounting	750.		750.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	143,693.	143,693.		
13	Office expenses	1,011.	143,093.	1,011.	
14	Information technology	1,011.		1,011.	
15	Royalties				
16	Occupancy	12,775.		12,775.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	0.007	0.007		
23	Insurance	8,027.	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.)				
а	POSTAGE	293.		293.	
b	EQUIPMENT	51.		51.	
c	WEBSITE MAINTENANCE	1,362.		1,362.	
d	FESTIVAL PRODUCTION COST	201,910.	201,910.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	437,523.	421,281.	16,242.	
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

			(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% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	- 3	6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 658.			
	b	Less: accumulated depreciation 10b	658.	10c	658.
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11 ,		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	258,767.	16	276,045.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	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	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions		27	
Net Assets or Fund Balances	28	Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.		28	
9	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.
t A	32	Total net assets or fund balances	258,767.	32	276,045.
N	33	Total liabilities and net assets/fund balances	258,767.	33	276,045.

_	4	n
rage	1	_

Part				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		54,801.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	<u>37,523.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>17,278.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	58,767.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	10	2	76,045.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		· · ·	🗆
				Yes No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		_   4.3	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on	
	Schedule O.		و المسا	
2a	The state of garages and the state of the st		2a	×
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or	
	reviewed on a separate basis, consolidated basis, or both:		16.570	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		-	
b	The same and an arrangement of the same and		2b	×
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	ıa   ∰	
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over			
	the audit, review, or compilation of its financial statements and selection of an independent accounts			
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain	on	
2-				المداعة لعقابا
3a	The service of the se	πn in t		
<b>L</b>	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 required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			
	required addit of addits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		
	PEV 05/17/23 PPO		For	n 990 (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. OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	of the diganization	Employer identification number
-	TON HEAD AREA HOSPITALITY ASSOCIATION	57-0798565
Par	Organizations Maintaining Donor Advised Funds or Other Similar Fun	
	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 advisors in writing that the assets h	
	funds are the organization's property, subject to the organization's exclusive legal control	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grantees	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or f	
	conferring impermissible private benefit?	Yes No
Par	t II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	of a historically important land area
		of a certified historic structure
	☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а		
b	Total acreage restricted by conservation easements	
d	Number of conservation easements on a certified historic structure included in (a)	
u	Number of conservation easements included in (c) acquired after July 25, 2006, and not historic structure listed in the National Register	
•		20
3	Number of conservation easements modified, transferred, released, extinguished, or ter	minated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, ins	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	ng conservation easements during the year
	***************************************	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
	AL HANGELLE ALDER STREET	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue	and expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's fin	ancial statements that describes the
	organization's accounting for conservation easements.	
Parl	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 FASB ASC 958, not to report in its reven	ue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education	n, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describ	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue	statement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or re	
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	assets for financial gain, provide the
N.E.	following amounts required to be reported under FASB ASC 958 relating to these items:	access for infarioral gam, provide the
-		
a	Revenue included on Form 990, Part VIII, line 1	
D	Assets included in Form 990, Part X	5

Part									
3	Using the organization's acquisition, acce collection items (check all that apply):	ssion, and oth	ner recoi	ds, chec	k any of th	e follow	ring that make si	gnificant u	se of its
а	☐ Public exhibition		d	🗌 Loan	or exchang	e progr	am		
b	☐ Scholarly research		е	Other					
С	☐ Preservation for future generations								
4	Provide a description of the organization's XIII.	s collections a	nd expla	ain how tl	hey further	the org	anization's exem	pt purpose	e in Part
5	During the year, did the organization solid	cit or receive of	donation	s of art,	historical tr	reasures	s, or other simila	r	
	assets to be sold to raise funds rather than	n to be mainta	ined as p	part of the	e organizati	ion's co	llection?	☐ Yes	☐ No
Part	V Escrow and Custodial Arrange	ements.							
	Complete if the organization ans 990, Part X, line 21.								orm
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?							t 🗌 Yes	□ No
b	If "Yes," explain the arrangement in Part X	III and comple	te the fo	llowing ta	able:			-	
							Ar	nount	
С	Beginning balance					10			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on	Form 990, Pa	ırt X, line	21, for e	scrow or co	ustodial	account liability	?    Yes	□ No
b	If "Yes," explain the arrangement in Part X	III. Check here	if the ex	planation	n has been	provide	ed on Part XIII .		
Par				·		•			
	Complete if the organization ans	wered "Yes"	on For	m 990, F	Part IV, line	e 10.			
-	(e)	Current year	(b) Prid	or year	(c) Two year	rs back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								•
f	Administrative expenses						· · · · · · · · · · · · · · · · · · ·		<del></del>
g	End of year balance								
2	Provide the estimated percentage of the co	urrent vear en	d balanc	e (line 1a	. column (a	(1)) held a	as:		
а	Board designated or quasi-endowment			- ( 3	,	,,			
b	Permanent endowment %								
c	Term endowment %								
	The percentages on lines 2a, 2b, and 2c sl	hould equal 10	00%						
3a	Are there endowment funds not in the pos	•		zation tha	at are held	and adi	ministered for the	<b>a</b>	
	organization by:		<b></b>					_	es No
	(i) Unrelated organizations							3a(i)	110
	<u> </u>							3a(ii)	+
b	If "Yes" on line 3a(ii), are the related organi							3b	$\dashv$
4	Describe in Part XIII the intended uses of the		•					00	
Part			ir s eriac	Willelicic	inus.				
ı aı	Complete if the organization ans		on For	m 000 E	Part IV line	112	See Form 990	Dart Y lin	o 10
	Description of property	T			r other basis			(d) Book v	
		(a) Cost or oth			ther)	de	Accumulated preciation	(a) Book v	aiue
1a	Land						adialahan sa		
b	Buildings								
С	Leasehold improvements								
d	Equipment		658.						658.
<u>e</u>	Other								
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 99	0, Part	(, column	(B), line 10	Oc.)			658.

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on For	m 000 Part IV line	11h See Form	000 Part X line 12
	(a) Description of security or category	(b) Book value		od of valuation:
	(including name of security)	(b) Book value		of-year market value
(1) Financial	derivatives			
	neld equity interests			
(3) Other				
(A)				
(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. line	11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Meth	od of valuation:
			Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(7)				
(8)				
(9)				
	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, line	11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	75 (b)			
Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.			
PartA	Complete if the organization answered "Yes" on For	m 000 Part IV line	110 or 11f Coo	Form 000 Port V
	line 25.	in 990, Part IV, line	e i le or i ii. See	Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal in				(b) book value
(2)	Some tando			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 25.)			
z. Liability for	uncertain tax positions. In Part XIII, provide the text of the footnote	ote to the organization	s financial statemer	its that reports the
organization's	s liability for uncertain tax positions under FASB ASC 740. Check	nere if the text of the	tootnote has been p	rovided in Part XIII .

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:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
C	Recoveries of prior year grants	2c	128
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 VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part			er Return.
	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:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
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	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	_ filed
C	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir	ne 18.)	5
Part	Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	nformation.

REV 05/17/23 PRO

Schedule D (Form 990) 2022 Page <b>5</b>				
	Supplemental Information (continued)			
	eappionental members, (continues)			
	······································			
	•••••••••••••••••••••••••••••••••••••••			

#### SCHEDULE O (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.

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 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 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.

# 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

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.

Part II Type of Return and Return Information  heck the box for the return for which you are using this Form 879-TE and enter the applicable amount, if any, from the return. Form 803B-P and Form 5300 filers may enter dollars and cents. For all other forms, enter whole dollars only, if you check the box on line 1a, 2a, 3a, 4a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the policable line below. Do not complete more than one line in Part I.  1a Form 990-EZ check here. ▶ □ b Total revenue, if any (Form 990, Part Vill, column (A), line 12) . 1b 2a Form 990-EZ check here. ▶ □ b Total tax (Form 1120-POL, line 9) . 2b 3a Form 1120-POL check here ▶ □ b Total tax (Form 1120-POL, line 22) . 3b 4a Form 990-EZ check here. ▶ □ b Tax based on investment income (Form 990-FF, Part V, line 5) . 4b 5a Form 8886 check here. ▶ □ b Total tax (Form 990-T, Part IIII, line 4)	Name of filer	EIN or SSN
Eart   Type of Return and Return Information	HILTON HEAD AREA HOSPITALITY ASSOCIATION	57-0798565
Part   Type of Return and Return Information howels the box of the return for which you are using this Form 8978-TE and enter the applicable amount, if any, from the return. Form 8038-P and form \$530 fliers may enter dollars and cents. For all other forms, enter whole dollars only, if you check the box on line is a. 2a, 3a, 4a, 6a, 6a, 7a, 8a, 9a, or 10a, whichever is applicable, blank (do not enter -0.). But, if you entered -0 - on the return, then enter -0 - on the pplicable line below. On not complete more than one line in Part	lame and title of officer or person subject to tax	
Check the box for the return for which you are using this Form 8978-TE and enter the applicable amount, if any, from the return. Form 838-P and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 6, 6a, 7a, 5a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 6b, 7b, 8b, 8b, or 10b, whichever is applicable. Blank (do not enter 4°-0-). Blut, If you entered -0- on the return, then enter -0- on the pplicable line below. Do not complete more than one line in Part I.  1a Form 990-Check here ▶	JEFF GERBER, EXECUTIVE DIRECTOR	
PR and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 6a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 6b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter o-). But, if you entered -0- on the return, then enter -0- on the policible line below. Do not complete more than one file in Part I, orm 990. Part VIIII, column (A), line 12).  1a Form 990 check here ▶	Part I Type of Return and Return Information	
as Form 1920-POL check here ▶	CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered applicable line below. Do not complete more than one line in Part I.  1a Form 990 check here D b Total revenue, if any (Form 990, Part VIII, column (A),	you check the box on line 1a, 2a, 3a, 4a, was blank, then leave line 1b, 2b, 3b, 4b, -0- on the return, then enter -0- on the line 12) 1b
a Form 990-PF check here . ▶ □ b Tax based on investment income (Form 990-PF, Part V, line 5) 4 b □ .  Form 8868 check here . ▶ □ b Total tax (Form 990-T, Part III, line 4) . 6 b □ .  Form 4720 check here . ▶ □ b Total tax (Form 990-T, Part III, line 4) . 6 b □ .  Form 4720 check here . ▶ □ b Total tax (Form 990-T, Part III, line 4) . 7 b □ .  Form 4720 check here . ▶ □ b Total tax (Form 990-T, Part III, line 4) . 7 b □ .  Form 990-T check here . ▶ □ b Total tax (Form 4720, Part III, line 4) . 7 b □ .  Form 990-T check here . ▶ □ b Total tax (Form 990-T, Part III, line 4) . 7 b □ .  Form 8038-CP check here . ▶ □ b FMV of assets at end of tax year (Form 5227, Item D) . 8 b □ .  Form 8038-CP check here . ▶ □ b Amount of oredit payment requested (Form 9038-CP, Part III, line 22) . 9 b □ .  Form 8038-CP check here . ▶ □ b Amount of oredit payment requested (Form 9038-CP, Part III, line 22) . 9 b □ .  Form 8038-CP check here . □ b Amount of oredit payment requested (Form 9038-CP, Part III, line 22) . 9 b □ .  Form 8038-CP check here . □ b Amount of oredit payment requested (Form 9038-CP, Part III, line 22) . 9 b □ .  Form 8038-CP check here . □ b Amount of oredit payment requested (Form 9038-CP, Part III, line 22) . 9 b □ .  Form 8038-CP, Part III, line 22) . 9 b □ .  Form 8038-CP, Part III, line 22) . 10 b □ .  Form 8038-CP, Part III, line 22) . 10 b □ .  Form 8038-CP, Part III, line 22) . 10 b □ .  Form 8038-CP, Part III, line 22) . 10 b □ .  Form 8038-CP, Part III, line 22) . 10 b □ .  Form 8038-CP, Part III, line 22) . 10 b □ .  Form 8038-CP, Part III, line 22) . 10 b □ .  Form 8038-CP, Part III, line 40 . 10 b □ .  Form 8038-CP, Part III, line 40 . 10 b □ .  Form 8038-CP, Part III, line 40 . 10 b □ .  Form 8038-CP, Part III, line 40 . 10 b □ .  Form 8038-CP, Part III, line 40 . 10 b □ .  Form 8038-CP, Part III, line 40 . 10 b □ .  Form 8038-CP, Part III, line 40 . 10 b □ .  Form 8038-CP, Part III, line 40 . 10 b □ .  Form 8038-CP, Part III, line 40 . 10 b □ .  Form 8038-CP, Part III, line 40 . 10 b □ .  Form 8	IT IN THE HEALTH IN THE PROPERTY OF THE PROPE	
5a Form 8868 check here. ▶	. 그렇게 있는 문자들이 그는 바람이를 가면 하다고 하면 이 이 때문에는 그들이 그 물이 가장하는데 물질을 되었다면 그렇지 않는데 그렇지 않는데 말이 모든데 했다. 그래요 없는데	
68 Form 990-T check here		
Form 4720 check here. ▶		
Ba Form 5227 check here. ▶		
9a Form 5330 check here . ▶ □ b Tax due (Form 5330, Part II, line 19) 9b □ 10a Form 8038-CP check here ▶ □ b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b □ 10b □ 10a Form 8038-CP, Part III, line 22) 10a Form 8038-CP, Part III, li		
Form 8038-CP check here  □ b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b    Part III	# 그렇다면요 게임 경우 이번에는 어제 바다에는 모든 것이 되어 때문에 되었다. 그래도 그렇게 되었다. 그렇게 되었다. 그렇게 되었다. 그렇게 되어 되었다. 그렇게 되었다. 그렇게 되었다. 그렇게 되었다.	
Declaration and Signature Authorization of Officer or Person Subject to Tax  Index penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity)  Index penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity)  Index penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity)  Index penalties of perjury, I declare that I am an officer of the above entity or I am an officer or person subject to tax with respect to the entity of the electronic return. I consent to allow my not the copy of the electronic return. I consent to allow my not receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) he date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Again to initiate an electronic fund withdrawal direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this eturn, and the financial institution into debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 488-353-4537 no later than 2 business days prior to the payment. Estellmently date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have elected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.  PIN: check one box only  I authorize HUBERT L. BERNHEIM, CPA  ERO firm name  ERO firm name length in the return is being fil	그 사람이 되는 사람들이 하면 이렇게 되어 되었다. 이번에 마음을 하는데 이번에 가장 하면 하는데 하는데 이렇게 되었다. 그런데 얼마나 아니는데 얼마나 하는데 얼마나 되었다.	
Inder penalties of perjury, I declare that		
If entity)  If entity)  If entity)  If electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an oknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this eturn, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury inancial Agent at -888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.  If I have a selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.  If I have a selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.  If I have indicated within a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  As an officer or person subject to tax with respect		
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.    Date ► 09/14/2022	acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent (direct debit) entry to the financial institution account indicated in the tax preparation software for pay return, and the financial institution to debit the entry to this account. To revoke a payment, I must con I-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize processing of the electronic payment of taxes to receive confidential information necessary to answer the payment. I have selected a personal identification number (PIN) as my signature for the electronic electronic funds withdrawal.  PIN: check one box only  I authorize HUBERT L. BERNHEIM, CPA  ERO firm name  on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the date of the payment of the tax year 2021 electronically filed return.	n processing the return or refund, and (c) to initiate an electronic funds withdrawal ment of the federal taxes owed on this stact the U.S. Treasury Financial Agent at the financial institutions involved in the rinquiries and resolve issues related to return and, if applicable, the consent to
Date ► 09/14/2022  Part III Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  Do not enter all zeros  certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	return's disclosure consent screen.  As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signate filed return. If I have indicated within this return that a copy of the return is being filed with a state.	ure on the tax year 2021 electronically
Part III Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  Do not enter all zeros  certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.		A STATE OF THE STA
RO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  Do not enter all zeros  certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	Signature of officer or person subject to tax	Date ► 09/14/2022
Do not enter all zeros  certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	Part III Certification and Authentication	
	erro's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  Do not enter a certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed arm submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF)	return indicated above. I confirm that I
100 S SIGNATURE 109/16/2022		00/16/2022
	no s signature ▶ Date ▶	09/16/2022

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

REV 07/25/22 PRO

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

2021

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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

Open to Public Inspection

Α	For the 2	021 calen	dar year, or tax year beginning	g Jul	1 , 2021, and en	ding	Ju	n 30 ,	20 22
В	Check if ap	plicable:	C Name of organization HILTO				TION	The second secon	lentification number
	Address ch	nange	Doing business as HILTON	HEAD ISLAND	WINE & FOOD,	INC.		57-07985	
	Name char	nge	Number and street (or P.O. box	if mail is not delivered	to street address)	Room/su	uite	E Telephone n	umber
	Initial return	n	POST OFFICE BOX 5	097		-		(843)441	-9633
	Final return	/terminated	City or town, state or province, or						
	Amended r	return	HILTON HEAD ISLAN	ND, SC 29938				G Gross receip	
	Application	pending	F Name and address of principal of						dinates? Yes X No
			SCOTT ENTRUP, POST OFFICE	E BOX 5097, HIL	TON HEAD ISLAND, SC	29938 H(			
1	Tax-exemp	ot status:	501(c)(3) X 501(c) (	6 ) ◀ (insert no.)	4947(a)(1) or 52	27	If "No," a	ttach a list. See	instructions.
J	Website:	www.h	niltonheadhospitalit	tyassociatio	on.com	H(		kemption numb	
_		anization:	Corporation Trust Associ	iation ☐ Other ►	L Year of fo	ormation:	1995	M State of lega	al domicile: SC
P	art I	Summa							
	1 B	riefly des	scribe the organization's mis	sion or most sign	nificant activities: TO PI	ROMOTE THE	HILTON HE	AD ISLAND, SC	HOSPITALITY INDUSTRY
Ice									
Governance					************				
ver	2 0	heck this	s box ► ☐ if the organization	n discontinued its	s operations or dispos	sed of mo	ore than	25% of its n	et assets.
Go	3 N	lumber o	f voting members of the gov	erning body (Par	t VI, line 1a)			3	10
Š	4 N	lumber o	findependent voting membe	ers of the governi	ng body (Part VI, line	1b) .		4	10
Activities &	5 T	otal num	ber of individuals employed	in calendar year	2021 (Part V, line 2a)	100		5	0
tivi	6 T	otal num	ber of volunteers (estimate if	f necessary) .			6 G 6	6	200
A	7a T	otal unre	lated business revenue from	Part VIII, column	n (C), line 12			7a	
	b N	let unrela	ited business taxable income	e from Form 990-	T, Part I, line 11 .		c	7b	0.
							Prior Year	72	Current Year
ø			ons and grants (Part VIII, line	133,	628.	640,684.			
enu	9 P	rogram s	ervice revenue (Part VIII, line						
Revenue	10 Ir	nvestmen	t income (Part VIII, column (	A), lines 3, 4, and	l 7d)				
ш	11 C	ther reve	enue (Part VIII, column (A), lin	nes 5, 6d, 8c, 9c,	10c, and 11e)			0.	
	12 T	otal rever	nue-add lines 8 through 11 (	must equal Part \	/III, column (A), line 12	2)	133,	628.	640,684.
	13 0	Grants and	d similar amounts paid (Part	IX, column (A), li	nes 1-3)		4,	000.	6,000.
	14 E	lenefits p	aid to or for members (Part I	X, column (A), lin	ne 4)				
S	15 S	alaries, of	ther compensation, employee	benefits (Part IX,	column (A), lines 5-10	))			
Expenses	16a P	rofession	nal fundraising fees (Part IX,	column (A), line 1	1e)				
xpe	b T	otal fund	raising expenses (Part IX, co	olumn (D), line 25	<b>&gt;</b>				
ш	17 C	ther exp	enses (Part IX, column (A), lin	nes 11a-11d, 11t	f-24e)		111,	564.	525,412.
	18 T	otal expe	enses. Add lines 13-17 (must	t equal Part IX, c	olumn (A), line 25)		115,	564.	531,412.
	19 F	Revenue le	ess expenses. Subtract line	18 from line 12			18,	064.	109,272.
or	3					Beginn	ing of Curr	ent Year	End of Year
Net Assets	20 T	otal asse	ts (Part X, line 16)			2	149,	495.	258,767.
t As	21 T	otal liabil	ities (Part X, line 26)					0.	
			s or fund balances. Subtract	line 21 from line	20		149,	495.	258,767.
P	art II	Signatu	ire Block						
			, I declare that I have examined this						owledge and belief, it is
tru	ie, correct, a	and complet	te. Declaration of preparer (other tha	in officer) is based on	all information of which pre	parer has a	iny knowied	ige.	
٥.									
	gn	Signat	ture of officer				Date		
He	ere		F GERBER, EXECUTIVE or print name and title	DIRECTOR					
D	tul.	Print/Type	e preparer's name	Preparer's signatu	re	Date		Check X if	PTIN
	aid	12,100,300	T L BERNHEIM	1		09/16	5/2022	self-employed	P01284405
	eparer	F- 1	THE PROPERTY OF A STREET ASSESSED.	HEIM, CPA				EIN ► 36-2	
US	se Only		dress ► POST OFFICE DRAW		TON HEAD ISLAND.	SC 299		eno. (843)	
Ma	v the IRS		this return with the preparer						
-		1.0				05110705	100 000		Farm 000 (2021)

Page	2

Part	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PROMOTE THE HILTON HEAD 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?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 514,523. including grants of \$ 6,000.) (Revenue \$ )  PRODUCTION OF WINE AND FOOD FESTIVAL
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses > 514 523

**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? If "Yes," complete Schedule C, Part I			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3_		×
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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.		er gr	
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		×
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
d	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		×
_	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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			
15	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	4.		
20a	If "Yes," complete Schedule G, Part III	19 20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX. column (A). line 17 If "Yes." complete Schedule I. Parts I and II	21		×

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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		
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
	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 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			Г
_	oncon il concodic o contains a response of note to any line in this Fart 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			

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×				
b	If "Yes," enter the name of the foreign country ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		×				
5a								
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×				
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		-				
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods							
	and services provided to the payor?	7a						
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	7c						
ч	이 아이들은 사람들은 사람들은 이 경기를 하면서 하는데 가는데 가는데 이 가는데 하는데 그들이 되었다. 그렇게 하는데							
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e						
f	[1] 프로그램 (1) - 1 ^^ - 1 - 1 ^							
g								
h	HR (CLEUS COTES) 이번 시에 가게 되었다. 아이트 아이트 아이트 아이트 아이트 아이트 아이트 아이트를 하는데 되었다. 그는데 사용 (Cleus Cotes) (Cleu							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-						
	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders	-						
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	120						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
b	Note: See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
C	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15						
	If "Yes," see the instructions and file Form 4720, Schedule N.	,,,						
16	님이 그게 하늘이 아니다. 아니다면 이 아이를 살아가고 있다면 아니다. 남아의 남아의 남아의 아이에 대한 이 아이네요. 나는 사람들이 모든 나는 얼마나 되는 아이들은 사람들이 되고 있는 것이다.							
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

a 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.  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, trustees, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management company or other person?  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?  4. Did the organization become eware during the year of a significant diversion of the organization sassets?  5. Did the organization become eware during the year of a significant diversion of the organization sassets?  7. Did the organization have members, stockholders, or other persons who had the power to elect or appoint once or more members of the governing body?  8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  9. Each committee with authority to act on behalf of the governing body?  9. Each committee with authority to act on behalf of the governing body?  10. Did the organization have alocal chapters, branches, or affiliates?  11. Has the organization have a written policy and active the organization or sevent the properson are consistent with the organization in ensure their operations are consistent with the organization in the very proposed by independent persons, commendent or the written or sevent persons or the proposed proposed by a sevent persons or document or the organization have a wr	Secti	on A. Governing Body and Management				
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<ul> <li>(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.              □ Own website</li></ul>		Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicab	le), 990, and 990-	T (sec	tion (	501(c
<ul> <li>Own website</li></ul>		(3)s only) available for public inspection. Indicate how you made these available. Check all that	at apply.			
<ul> <li>Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records ▶</li> </ul>						
20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶	19	Describe on Schedule O whether (and if so, how) the organization made its governing doc		f inte	rest p	olicy
	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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any	box, i	unles er and	eck s pe	ition more rson irect	e than of is both or/trust	an	(D)  Reportable  compensation  from the  organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) SCOTT ENTRUP	8.00									
PRESIDENT & DIRECTOR		×	_	×						
(2) SARAH MORGOT	4.00	×		×						
SECRETARY & DIRECTOR	1 00	_^_	├—	^	$\vdash$		_			
(3) GARY WHITEHEAD TREASURER & DIRECTOR	4.00	×		×						
(4) MIKE KAUP VICE PRESIDENT & DIRECTOR	4.00	×		×						
(5) ED BROWN DIRECTOR	4.00	×								
(6) CHRISTOPHER TASSONE DIRECTOR	4.00	×								
(7) MIKE KAUP DIRECTOR	4.00	×								
(8) JAMES HILL DIRECTOR	4.00	×								
(9) ROBERT HOHMAN DIRECTOR EMERITUS	4.00	×								
(10) DREW LAUGHLIN DIRECTOR	4.00	×								
(11) JEFF GERBER EXECUTIVE DIRECTOR	4.00	×								
(12)										
(13)										
(14)										

Name and title Aver			(B) Average hours  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from the	(E) Reportable compensation from related	(F Estimated of ot comper	amount her
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from organizat related orga	the tion and
(15)							u.					
(16)												
(17)												
(18)		************										
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
	Subtotal							<b>&gt;</b>				
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio						<b>▶ ▶</b>				
2	Total number of individuals (including bur reportable compensation from the organi		to th	ose	list	ted	abov	e) w	ho received mor	e than \$100,000	of	
3	Did the organization list any former	officer, dire	ector,	tru	ste	e, k	key e	mpl	oyee, or highes	st compensated	_	es No
4	employee on line 1a? If "Yes," complete of For any individual listed on line 1a, is the	sum of re	portal	ole (	con	npe	nsatio	on a	nd other compe	nsation from the		×
	organization and related organizations individual		an \$1						complete Sched	dule J for such	4	×
5	Did any person listed on line 1a receive of for services rendered to the organization										5	×
Section 1	on B. Independent Contractors  Complete this table for your five high	nest comp	oncat	he	inde	ana	ndent		intractors that r	eceived more	han \$100	0,000 c
	compensation from the organization. Rep											
	(A) Name and business add	Iress						ì	(B) Description of serv	rices	(C) Compensation	on
2	Total number of independent contractor											

Form 9	90 (202	1)				Page 9
Part	VIII	Statement of Revenue				
		Check if Schedule O contains a response or note	to any line in this Pa (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
vice Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c 449,7  Related organizations 1d  Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a–1f	82. ► 640,684.			
Program Service Revenue	b c d e f	All other program service revenue	•			
enne	3 4 5 6a b c d 7a	Investment income (including dividends, interest, other similar amounts)	s b			
Other Reve	d 8a b c 9a b c 10a	Regain or (loss)	<b>&gt;</b>			
Miscellaneous Revenue	11a b c d	Net income or (loss) from sales of inventory  Business Co				

# 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 .		
	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 .	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				
5	Benefits paid to or for members				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits			-	
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
C	Accounting	700.		700.	
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	2,140.		2,140.	
14	Information technology				
15	Royalties				
16	Occupancy	11,400.		11,400.	
17	Travel	/			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	POSTAGE	259.		259.	
b	EQUIPMENT	390.		390.	
C	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 ŠOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	tX		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	119,240.	1 1	229,637.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	30,255.	4	28,472.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 658.			
	b	Less: accumulated depreciation 10b		10c	658.
	11	Investments—publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	149,495.	16	258,767.
	17	Accounts payable and accrued expenses	0.	17	
	18	Grants payable	41	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,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	
seou		Organizations that follow FASB ASC 958, check here ► ☐ and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions		27	
B	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► 🗵 and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
188	31	Retained earnings, endowment, accumulated income, or other funds	149,495.	31	258,767.
t A	32	Total net assets or fund balances	149,495.	32	258,767.
ž	33	Total liabilities and net assets/fund balances	149,495.	33	258,767.

Pari	XI Reconciliation of Net Assets			
1	Check if Schedule O contains a response or note to any line in this Part XI		40,6	
2	Total expenses (must equal Part IX, column (A), line 25)		31,4	
3	Revenue less expenses. Subtract line 2 from line 1		09,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).		49,4	
5	Net unrealized gains (losses) on investments		12/1	55.
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	a ballio		
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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:	2a		×
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	2b		×
	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 or Schedule O.			
3a	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 required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		
	DEV.07/05/02 DD0	For	m 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.

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Solution Form 990 Attach to Form 990.

Solution Form 990 For instructions and the latest information.

lame o	the organization		Employer Identification number
HIL	TON HEAD AREA HOSPITALITY ASSOCIATION	ON	57-0798565
Par	t I Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	s or Accounts.
	Complete if the organization answered "		
		(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		Id in decay advised
5	Did the organization inform all donors and donor		
^	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		
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	· · · · · · L Yes L No
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	organization (check all that apply).	
	☐ Preservation of land for public use (for example, recre	ation or education)   Preservation o	f a historically important land area
	Protection of natural habitat		f a certified historic structure
	☐ Preservation of open space	_	
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	n 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		
	Number of conservation easements on a certified h		
d	Number of conservation easements included in (	c) acquired after 7/25/06, and not o	
u			· 2d
2	Number of conservation easements modified, trans		= -
3	tax year ►	nerred, released, extinguished, or terr	milated by the organization during the
		ration accompant in Incated N	
4 5	Number of states where property subject to consend Does the organization have a written policy reg	vation easement is located >	pection handling of
5	violations, and enforcement of the conservation eas	ements it holds?	
_	·		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation easements during the year
_	<b>\$</b>		
8	Does each conservation easement reported on line 2		
			· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports c		
	balance sheet, and include, if applicable, the text of		ancial statements that describes the
	organization's accounting for conservation easement		
Part			Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a			
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t	o its financial statements that describ	es these items.
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held	for public exhibition, education, or res	search in furtherance of public service,
	provide the following amounts relating to these item	ns:	
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art,		
_	following amounts required to be reported under FA		
а	Revenue included on Form 990, Part VIII, line 1 .	_	<b>&gt;</b> \$
	Assets included in Form 990 Part X		· · · · ► \$

-0			
Pa	0	Ω	-

Par	Organizations Maintaining	Collections of A	rt, His	storical	Treasures,	or Ot	her Similar Ass	sets (contin	ued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and oth							
а	☐ Public exhibition		d	☐ Loan	or exchange	progra	am		
b	☐ Scholarly research		е	☐ Other	r			576 56 76 5 10 EU 11	4
C	☐ Preservation for future generations								
4	Provide a description of the organiza XIII.	tion's collections ar	nd expl	ain how t	they further t	the org	anization's exem	pt purpose i	n Part
5	During the year, did the organization assets to be sold to raise funds rathe	solicit or receive or than to be maintain	donation ned as	ns of art, part of th	historical tre e organization	easures on's co	s, or other simila llection?	r Yes [	□ No
Par	Complete if the organization 990, Part X, line 21.	answered "Yes"							rm
1a	Is the organization an agent, trustee included on Form 990, Part X?		4 4						□No
b	If "Yes," explain the arrangement in P	art XIII and complet	te the fo	ollowing t	able:		Ar	nount	
С	Beginning balance			1 5 4		1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amou					stodial	account liability	Yes [	No
	If "Yes," explain the arrangement in P								
Par					21 (1919.34 5.32.1)	414414	3.231		
	Complete if the organization	answered "Yes"	on Fo	rm 990.	Part IV. line	10.			
	complete it the organization	(a) Current year		ior year	(c) Two years		(d) Three years back	(e) Four years	s back
1a	Beginning of year balance	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	30.20	122 4 27 2					
b	Contributions								
c	Net investment earnings, gains, and losses								
-1	Grants or scholarships				-			1	
d e	Other expenditures for facilities and								
	programs								
f	Administrative expenses								_
g	End of year balance	O of annihold visit of	d be a basis	/C 4-		الماحدان			
2	Provide the estimated percentage of			ce (line 1)	g, column (a)	neid a	as.		
a	Board designated or quasi-endowme		.%						
b	Permanent endowment >	%							
С	Term endowment ▶ %		001						
	The percentages on lines 2a, 2b, and				at the first of		artutatavani fan tik		
3a	Are there endowment funds not in the	e possession of the	e organ	ization th	at are neid a	and adi	ministered for the		LAL
	organization by:							Yes	No
	(i) Unrelated organizations							3a(i)	1-
	(ii) Related organizations							3a(ii)	-
b	If "Yes" on line 3a(ii), are the related of							3b	_
4	Describe in Part XIII the intended use		n's end	owment t	runds.				
Par			-	200	D 11 11 11 11 11		0	Dest V. Usa	10
	Complete if the organization								
	Description of property	(a) Cost or oth (investme	nt)	(6	or other basis other)		Accumulated epreciation	(d) Book valu	
1a	Land		0.	9		1-5			0.
b	Buildings								
C	Leasehold improvements								
d	Equipment				658.				658.
е	Other								
Total.	. Add lines 1a through 1e. (Column (d) i	nust equal Form 99	0, Part	X, colum	n (B), line 10	c.)	<b>&gt;</b>		658.

	Complete if the organization answered "Yes" on Form	(b) Book value	(c) Method of valuation:
	(a) Description of security or category (including name of security)	(b) Book value	Cost or end-of-year market value
	derivatives		
The state of the s	neld equity interests		
Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)	<u> </u>		
(G)			
(H)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . <b>•</b>		
art VIII	Investments – Program Related.		
	Complete if the organization answered "Yes" on Form	n 990. Part IV. line	11c. See Form 990, Part X, line 1
	(a) Description of investment	(b) Book value	(c) Method of valuation:
		14.7	Cost or end-of-year market value
)			
)			
)			
)			
)			
)			
3)			
9)			
	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		
9)	Other Assets.		
) tal. (Colu	Other Assets. Complete if the organization answered "Yes" on Form	m 990, Part IV, line	
) tal. <i>(Colu</i> Part IX	Other Assets.	m 990, Part IV, line	11d. See Form 990, Part X, line 1
otal. (Colu Part IX	Other Assets. Complete if the organization answered "Yes" on Form	m 990, Part IV, line	
otal. (Colu Part IX	Other Assets. Complete if the organization answered "Yes" on Form	m 990, Part IV, line	
o)  ptal. (Colu  part IX  )  2)	Other Assets. Complete if the organization answered "Yes" on Form	m 990, Part IV, line	
) tal. (Colu eart IX ) ) )	Other Assets. Complete if the organization answered "Yes" on Form	m 990, Part IV, line	
) tal. (Colu Part IX ) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on Form	m 990, Part IV, line	
) tal. (Colu Part IX  ) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on Form	m 990, Part IV, line	
) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Other Assets. Complete if the organization answered "Yes" on Form	m 990, Part IV, line	
tal. (Colu	Other Assets. Complete if the organization answered "Yes" on Form	m 990, Part IV, line	
(a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Other Assets. Complete if the organization answered "Yes" on Form (a) Description		(b) Book value
(a) (b) (c) (c) (d) (d) (d) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f	Other Assets. Complete if the organization answered "Yes" on Form (a) Description  (mnn (b) must equal Form 990, Part X, col. (B) line 15.)		(b) Book value
2) 2) 2) 2) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered "Yes" on Form (a) Description  (mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.		(b) Book value
o)  part IX  part IX  o)  o)  o)  o)  o)  o)  o)  o)  o)  o	Other Assets. Complete if the organization answered "Yes" on Form (a) Description  Timn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form		(b) Book value
tal. (Colu	Other Assets. Complete if the organization answered "Yes" on Form (a) Description  Timn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form line 25.		(b) Book value  ▶  11e or 11f. See Form 990, Part X
tal. (Colu part IX	Other Assets. Complete if the organization answered "Yes" on Form (a) Description  Timn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability		(b) Book value
) tal. (Columnation (Columnatio	Other Assets. Complete if the organization answered "Yes" on Form (a) Description  Timn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form line 25.		(b) Book value  ▶  11e or 11f. See Form 990, Part X
) tal. (Colu art IX ) ) ) ) ) ) ) tal. (Colu art X ) Federal in )	Other Assets. Complete if the organization answered "Yes" on Form (a) Description  Timn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability		(b) Book value  ▶  11e or 11f. See Form 990, Part X
) (c) (c) (d) (d) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Other Assets. Complete if the organization answered "Yes" on Form (a) Description  Timn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability		(b) Book value  ▶  11e or 11f. See Form 990, Part X
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) tal. (Columnation (Columnatio	Other Assets. Complete if the organization answered "Yes" on Form (a) Description  Timn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability		(b) Book value  ▶  11e or 11f. See Form 990, Part X
potal. (Columnation (Columnatio	Other Assets. Complete if the organization answered "Yes" on Form (a) Description  Timn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability		(b) Book value  ▶  11e or 11f. See Form 990, Part X
Part IX	Other Assets. Complete if the organization answered "Yes" on Form (a) Description  Timn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability		(b) Book value  ▶  11e or 11f. See Form 990, Part X
Part IX	Other Assets. Complete if the organization answered "Yes" on Form (a) Description  Timn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability		(b) Book value  ▶  11e or 11f. See Form 990, Part X

Part :		per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
	Total revenue, gains, and other support per audited financial statements	1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
	Net unrealized gains (losses) on investments 2a	
	Donated services and use of facilities	
	Recoveries of prior year grants	
	Other (Describe in Part XIII.)	1.53
	Add lines 2a through 2d	
	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
	Other (Describe in Part XIII.)	
	Add lines 4a and 4b	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part 2		es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
	Total expenses and losses per audited financial statements	1
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
	Donated services and use of facilities	
	Prior year adjustments . ,	
	Other losses	
	Other (Describe in Part XIII.)	
	Add lines 2a through 2d	
	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
	Other (Describe in Part XIII.)	
	Add lines 4a and 4b ,	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b a XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal information.

Schedule D (Fo		Page <b>5</b>
Part XIII	Supplemental Information (continued)	
		••••
		••••
		•••••
		•••••

#### **SCHEDULE O** (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.

OMB No. 1545-0047

Open to Public

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.

Inspection Employer identification number

57-0798565
D MEMBER
AND FILING
ZATION'S OFFICE
990 IS AVAILABLE

### Form 8879-E0

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

OMB	No.	1545-0047

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

--- 00

Department of the Treasury Internal Revenue Service ▶ Do not send to the IRS. Keep for your records.
 ▶ Go to www.irs.gov/Form8879EO for the latest information.

2020

Taxpayer identification number Name of exempt organization or person subject to tax 57-0798565 HILTON HEAD AREA HOSPITALITY ASSOCIATION Name and title of officer or person subject to tax SCOTT ENTRUP, PRESIDENT Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 2a Form 990-EZ check here ▶ □ b Total revenue, if any (Form 990-EZ, line 9) . . b Total tax (Form 1120-POL, line 22) . . . . . 3b 3a Form 1120-POL check here ▶ □ 4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) . 5a Form 8868 check here ▶ □ b Balance due (Form 8868, line 3c) . . . 5h 6a Form 990-T check here ▶ □ b Total tax (Form 990-T, Part III, line 4) 6b b Total tax (Form 4720, Part III, line 1) 7a Form 4720 check here ▶ □ Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 🗵 I am an officer of the above organization or 🗌 I am a person subject to tax with respect to (name of organization) , (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only as my signature ☐ I authorize to enter my PIN ERO firm name Enter five numbers, but on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. X As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax >> Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 5 7 1 2 5 1 number (EFIN) followed by your five-digit self-selected PIN. 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

B

Activities & Governance

Revenue

Assets or Balances

Net / 22

20

21

# 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 2020

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. For the 2020 calendar year, or tax year beginning Jun 30 Jul 2020, and ending Check if applicable: C Name of organization HILTON HEAD AREA HOSPITALITY ASSOCIATION D Employer identification number Doing business as HILTON HEAD ISLAND WINE & FOOD, INC. 57-0798565 Address change Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Initial return POST OFFICE BOX 5097 (843) 686-4944 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 \$ 133,628. F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes X No Application pending 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 > 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 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 3 10 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 0 6 6 150 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . 352,326. 133,628. 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) 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 326,663. 111,564. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 354,663 115,564. 19 Revenue less expenses. Subtract line 18 from line 12 . -2,337. 18,064.

Signature Block

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

Total liabilities (Part X, line 26) . . . . . . .

Total assets (Part X, line 16)

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

Paid     Print/Type preparer's name     Preparer's signature     Date     Check ☑ if       Preparer     HUBERT L BERNHEIM     11/04/2021     self-employed	
	PTIN P01284405
Use Only Firm's name ► HUBERT L. BERNHEIM CFA Firm's EIN ► 36-2	750133
Firm's address ▶ POST OFFICE DRAWER NINE, HILTON HEAD ISLAND, SC 29938 Phone no. (843)	671-6005
May the IRS discuss this return with the preparer shown above? See instructions	Yes □ No.

**Beginning of Current Year** 

131,931

131,431

500.

End of Year

149,495.

149,495.

0.

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	П
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?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	-	حا است
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
	PRODUCTION OF WINE AND FOOD FESTIVAL	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
	•••••••••••••••••••••••••••••••••••••••	
	Other are are inco (Passeille on Cabadula O.)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	—
4e	Total program service expenses ▶	

Part	V Checklist of Required Schedules			1
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			13.0
2	complete Schedule A	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	100		16
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
2	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		×
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? 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		×
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
45	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?	40		122
20a	If "Yes," complete Schedule G, Part III	19 20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX. column (A) line 12 If "Yes." complete Schedule I. Parts Land II.	21		×

			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):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
c	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
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 Part	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.  V Statements Regarding Other IRS Filings and Tax Compliance	38	×	
rell	Check if Schedule O contains a response or note to any line in this Part V	42.6		
			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	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Page \$
Fall	Statements Regarding Other INS Fillings 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.		162	NO
b	Statements, filed for the calendar year ending with or within the year covered by this return  [2a]  [5]  [6]  [6]  [7]  [8]  [8]  [8]  [9]  [9]  [9]  [9]  [9	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	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?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
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	5	
	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			
110	Enter the amount of reserves on hand	44-		~
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		
10	If "Yes," see instructions and file Form 4720, Schedule N.	16	-	
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.	10		130
	n 100, complete i cini Tree, concedio C.	I was to see	1	1000

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. 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 2 × 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 × Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 × Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 × 6 × 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, 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a × Each committee with authority to act on behalf of the governing body? 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 × Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . 12a × b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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? 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? 15a × 15b × If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ SC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website ☑ Upon request ☐ Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938 (843)686-4944

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

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

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

K Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (F) (A) (B) (D) (E) (do not check more than one Name and title Reportable Reportable Estimated amount Average box, unless person is both an hours compensation compensation of other officer and a director/trustee) from the from related compensation per week Individual trustee or director employee Institutional Key employee Highest compensated organization organizations from the (list any (W-2/1099-MISC) (W-2/1099-MISC) organization and hours for related related organizations organizations trustee below dotted line) (1) SCOTT ENTRUP 4.00 × × PRESIDENT & DIRECTOR 0. ٥. 0. (2) SANDRA BENSON 3.00 X × 0. VICE PRES & DIRECTOR 0. 2.00 (3) SARAH MORGOT × X SECRETARY 0. 0. 0. (4) GARY WHITEHEAD 2.00 × 0. DIRECTOR 0. 0. (5) DREW LAUGHLIN 2.00 X 0. 0. 0. DIRECTOR (6) ED BROWN 2.00 X 0. 0. 0. DIRECTOR (7) CHRISTOPHER TASSONE 2.00 0. X ٥. 0. DIRECTOR (8) MIKE KAUP 2.00 X ٥. 0. 0. DIRECTOR (9) JAMES HILL 2.00 × DIRECTOR 0. Ο. 0. (10) ROBERT HOHMAN 2.00 × DIRECTOR 0. 0. 0. (11) (12)(13)

	(A) Name and title		box,	unles	Position check more than ess person is bot a director/trus			an tee)	(D)  Reportable compensation from the	(E)  Reportable compensation from related		(F) ated amo of other appensation	
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	organ	rom the nization organiza	and
(15)							α.						
(16)													
(17)													
(18)							-						
(19)			_			-							-
(20)													
(21)			-										
(22)			1										
(23)													
(24)													
(25)													
1b c	Subtotal	VII, Section		•	•	0		<b>A A</b>	0.	0.			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organic	t not limited		nose		ted		e) w	ho received mor		of		0.
3	Did the organization list any former of employee on line 1a? If "Yes," complete:	officer, dir		tru	uste	e, l	cey e	mp	loyee, or highe	st compensated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	porta	ble	cor	npe	nsatio	on a s,"	nd other compe	nsation from the	7 4		×
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ompe	nsa lete	tion	fro hed	m any	un for s	related organiza	tion or individua	5		×
	on B. Independent Contractors												00
1	Complete this table for your five high compensation from the organization. Rep	nest comp ort comper	ensat Isatio	ed n fo	ind r th	epe e ca	ndent Ilenda	rye	ear ending with o	received more r within the orga	than s	100,00	year
	(A) Name and business add	iress							(B) Description of ser	vices	(C Comper		
	Total number of independent contractor												

Part	VIII	Statement of Rev	enu	e						r age o
		Check if Schedule			espon	se or note to an	y line in this Pa	art VIII		🗆
			2000				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaign	ns .		1a		TO STORY		F 3 1 1 1 1	W DATE OF
	b	Membership dues			1b					
	С	Fundraising events			1c	70,175.				
	d	Related organization			1d		100			
	е	Government grants			1e	63,453.				
	f	All other contribution and similar amounts no			4.			5-21-11		2.5
	_	Noncash contribution			1f			1 - 3 - 1		11100
	g	lines 1a–1f			1g	s				
Co	h	Total. Add lines 1a-					133,628.			Company of the last
						Business Code				
ice	2a									
er.	b									
n S	С									
gram Ser Revenue	d									
Program Service Revenue	e									
Δ.	f	All other program se								(
_	g 3	Total. Add lines 2a- Investment income								Range Williams
	3	other similar amoun								
	4	Income from investr								
	5	_								
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a			0 0 0				
	b	Less: rental expenses	6b							
	C	Rental income or (loss)	6c							
	d	Net rental income of	r (los:	-		<b>&gt;</b>				0.200
	7a	Gross amount from		(i) Securi	ues	(ii) Other				- 0 0 -
		sales of assets other than inventory	7a							
o	b	Less: cost or other basis	74							
enne		and sales expenses .	7b					i = 1		10 30
	С		7c							
r.	d	Net gain or (loss)				•			= 10	
Other Rev	8a	Gross income from								N STATE
0		events (not including								
		of contributions rep 1c). See Part IV, line			0-					1
	b	Less: direct expense			8a 8b					1000
	C	Net income or (loss)				nts ▶		in the same of		
	9a	Gross income f			90,0					
		activities. See Part I			9a			The state of		
	b	Less: direct expense	es .		9b					4
	С	Net income or (loss)	from	gaming a	ctivitie	s <b>&gt;</b>				
	10a	Gross sales of in						1		
		returns and allowan			10a					1000 S
	b	Less: cost of goods			10b	m	1.000			
′0	С	Net income or (loss)	irom	sales of Ir	ivento	Business Code				
Miscellaneous Revenue	11a					Dudiness Odde				ly see
scellaneo Revenue	b				******					1.00
eve	c									,
lisc	d	All other revenue					0.	0.	0.	0.
2	е	Total. Add lines 11a					0.			
	12	Total revenue. See	instr	uctions			133,628.	0.	0.	0.

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must complete all column	ns. All other organizations must cor	nplete column (A).
---------------------------------	--	--------------------------------------	--------------------

	Check if Schedule O contains a response	or note to any line	in this Part IX .		
	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	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
		1,000.		1,000.	
c	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	22/1001			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,606.		1,606.	
		1,000.		1,000.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	DOSTACE	254.		254.	0.
		295.		295.	0.
b	TELEPHONE MAINTENANCE			481.	
C	WEBSITE MAINTENANCE	481.	04 451	481.	
d	FESTIVAL PRODUCTION COST	94,451.	94,451.		
e	All other expenses		00.151	4 11 4 4 4 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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)				
		COLUMN DESIGNATION OF THE PARTY			F 000 (0000)

Part X Balance Sheet

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

-	4	
Page	1	1

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	اعربات			
1	Total revenue (must equal Part VIII, column (A), line 12)	MO =	1	33,6	28.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	15,5	64.
3	Revenue less expenses. Subtract line 2 from line 1	3		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	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1	49,4	95.
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		19.4		
				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," of the organization changed its method of accounting from a prior year or checked "Other," of the organization changed its method of accounting from a prior year or checked "Other," of the organization changed its method of accounting from a prior year or checked "Other," of the organization changed its method of accounting from a prior year or checked "Other," of the organization changed its method of accounting from a prior year or checked "Other," of the organization changed its method of accounting from a prior year or checked "Other," of the organization changed its method of accounting from a prior year or checked "Other," of the organization changed its method of accounting from a prior year or checked "Other," of the organization changed its method of accounting from a prior year or checked "Other," of the organization changed its method of accounting from a prior year or checked "Other," of the organization changed its method of accounting from a prior year or checked "Other," of the organization changed its method of accounting from a prior year or checked "Other," of the organization changed its method of accounting the organization changed its method of	explain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>×</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were coreviewed on a separate basis, consolidated basis, or both:	mpiled or			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1		
b	Were the organization's financial statements audited by an independent accountant?	1 7 1	2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both:	ited on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1		, ·
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ow the audit, review, or compilation of its financial statements and selection of an independent account	ant? .	2c		
	If the organization changed either its oversight process or selection process during the tax year, eschedule O.	xplain on			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMB Circular A-133?	orth in the	За		×
b		dergo the audits .	3b		
	DEV COMPLET PRO		For	- 000	(2020)

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

Department of the Treasury

Internal Revenue Service

Name of the organization

#### 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** 

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 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.