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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We spent $2000 on graphic design for ads and to create videos for the website. And we spent an additional $500 on updating the website. We felt these were productive because at the time of our ATAX submission last year, ticket sales were ahead of where they had been for the first year.

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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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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.

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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

Total Budget: $87,000.00 **Grant Requested:** $40,000.00

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

The Hilton Head Wine and Food Festival has had great success in adding craft beer to many of the weeks events. So we are working on 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 attendence through the generation of publicity.*	88	%
2 - Tourism-Related Events *Promotion of the arts and cultural events.*	12	%
3 - Tourism-Related Facilities *Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.*	0	%
4 - Tourism-Related Public Services *The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.*	0	%
5 - Tourist Public Transportation *Tourist shuttle transportation.*	0	%
6 - Waterfront Erosion/Control/Repair *Control and repair of waterfront erosion.*	0	%
7 - Operation of Visitor Information Centers *Operating visitor information centers.*	0	%
Total:	**100**	%

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

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 the organization's total annual funding.

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

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

Yes **X** No ___

If so, please list top 3 sources and amounts.

HHI ATAX for the Wine and Food Festival	$130,000.00
SCPRT	$5,000.00

D. **FINANCIAL INFORMATION:**

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

Financial Statement Requirements:

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

   Budget Provided: **Yes**

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

   Current fiscal year Profit Loss Report Provided: Yes

   Previous fiscal year Profit Loss Reports Provided:

   P&L for Fiscal 2023- Previous FY 2
   P&L for Fiscal 2024- Previous FY 1

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

   Current fiscal year Balance Sheet Provided: Yes

Previous fiscal year 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 organiztion 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

2025	$30,000.00	Rhythm & Brews

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

The 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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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 FESTIVAL REPORT

2025 Rhythm and Brews Festival

USCB | 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.

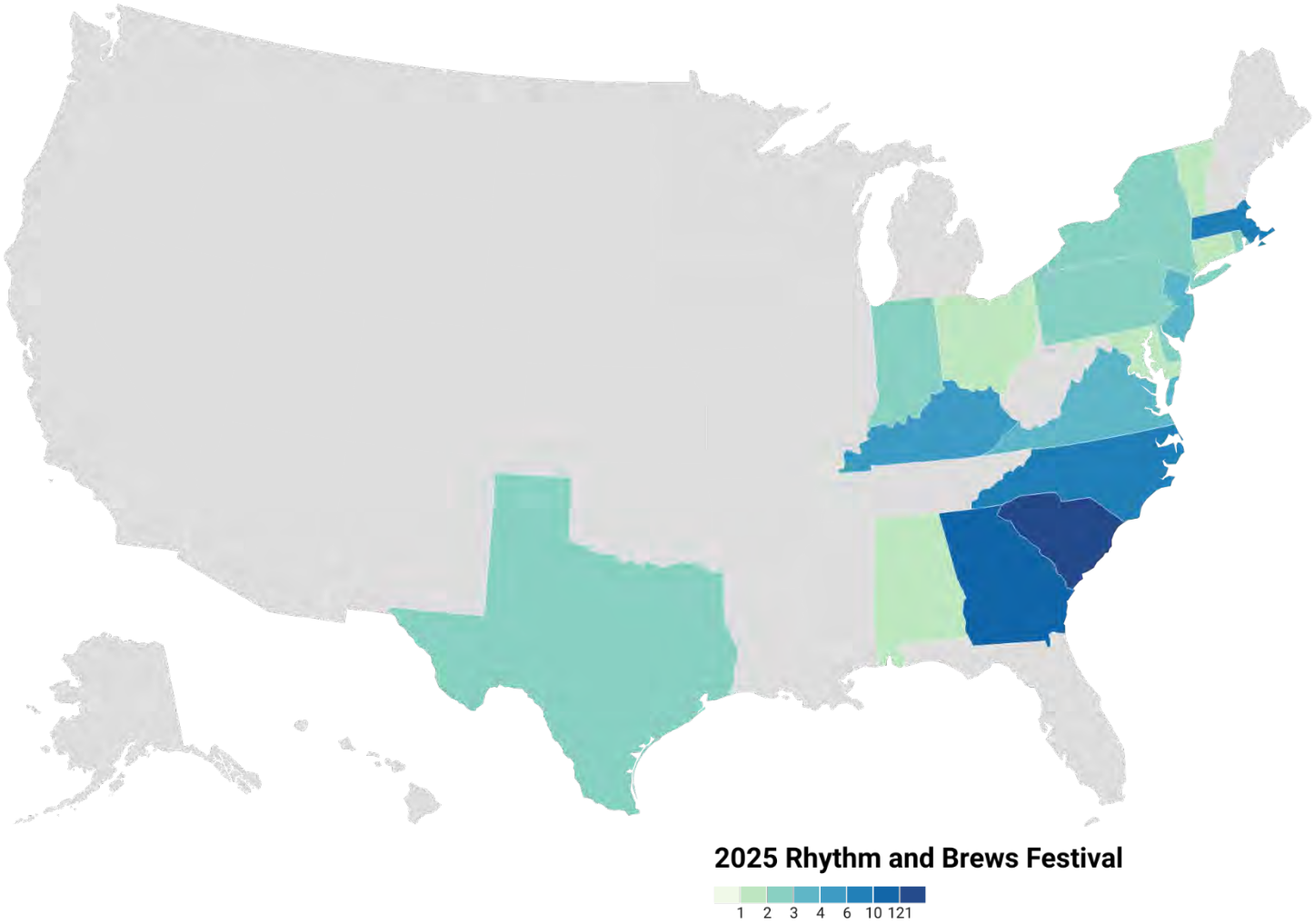
In the attached report, data for each survey item is graphically represented for ease of comparison.

172

Total Responses

Enter the ZIP CODE for your PRIMARY residence.

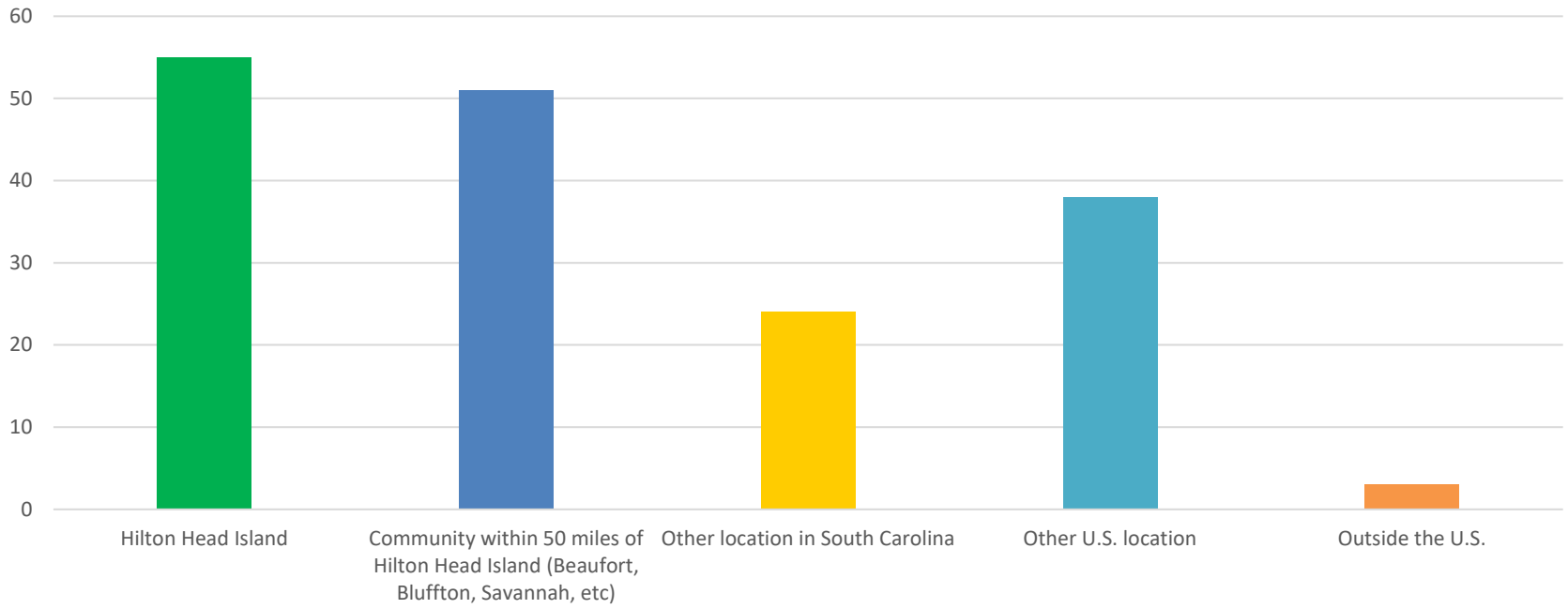
TYPE: INTEGER. 159 out of 172 respondents answered this question. (13 were without data.)



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?

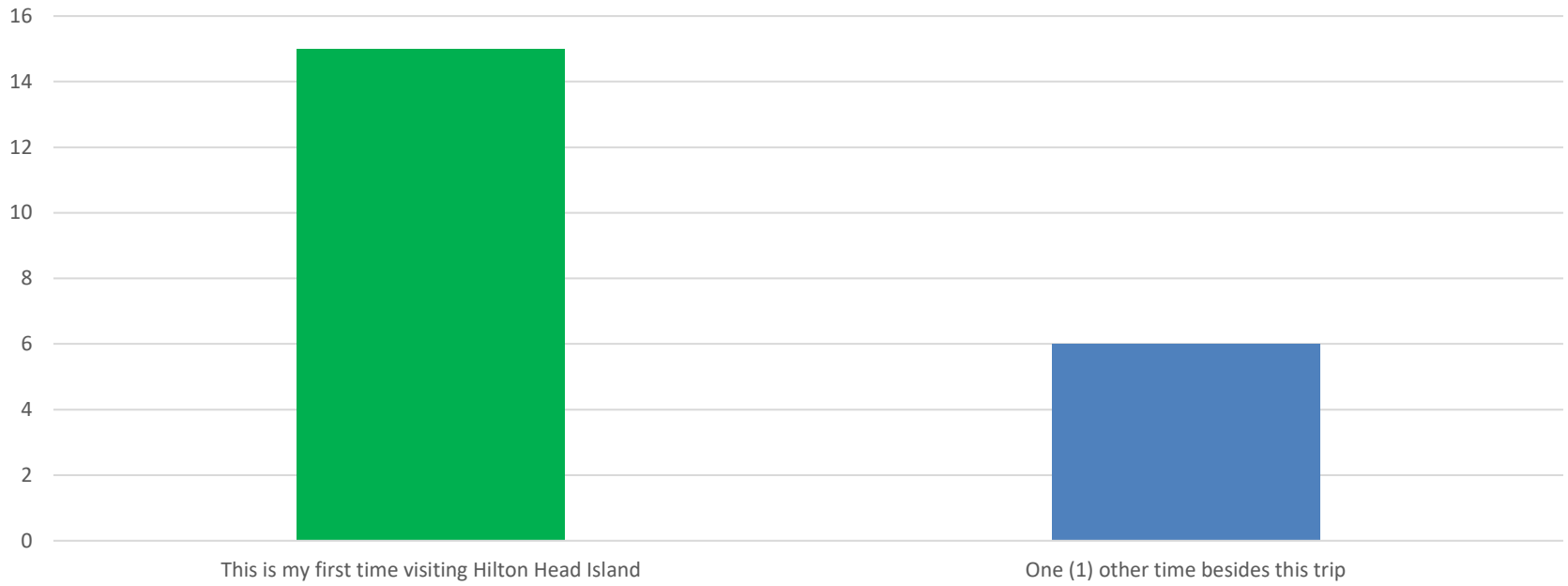
TYPE: SELECT_ONE. 172 out of 172 respondents answered this question. (0 were without data.)



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?

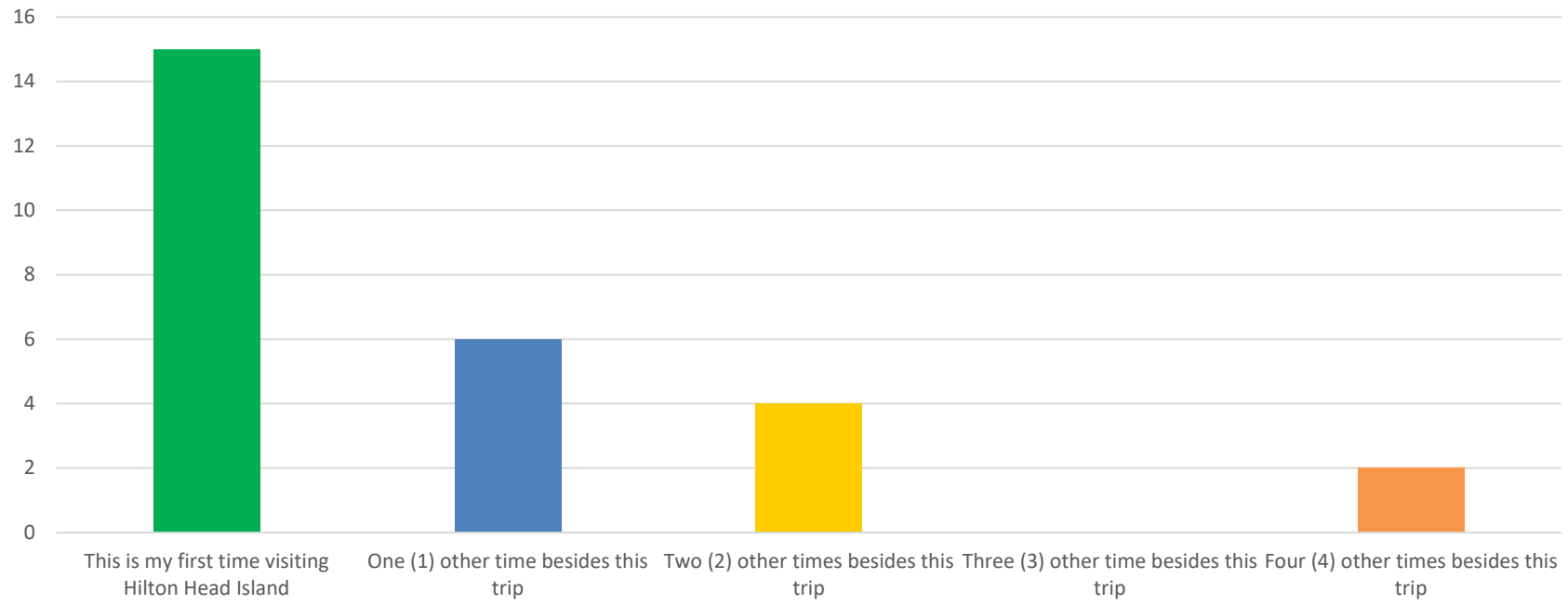
TYPE: SELECT_ONE. 37 out of 172 respondents answered this question. (135 were without data.)



Value	Frequency	Percentage
Yes	6	16.22%
No	31	83.78%

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

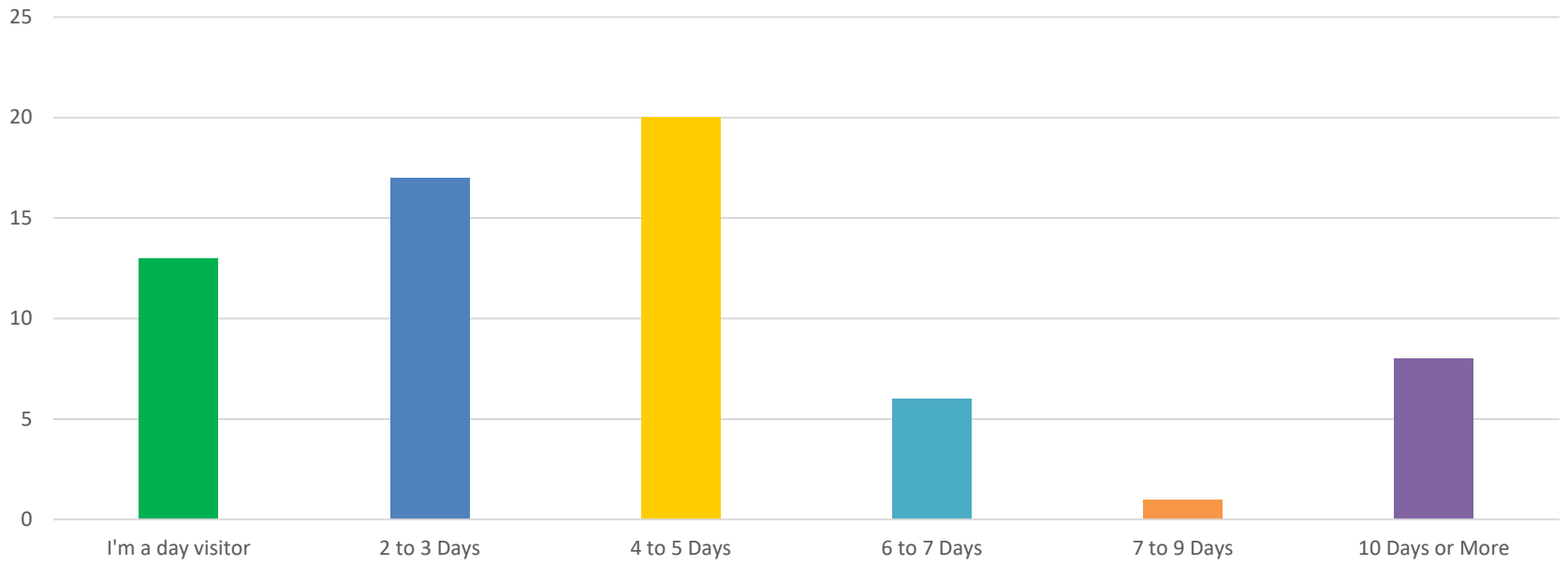
TYPE: SELECT_ONE. 63 out of 172 respondents answered this question. (109 were without data.)



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?

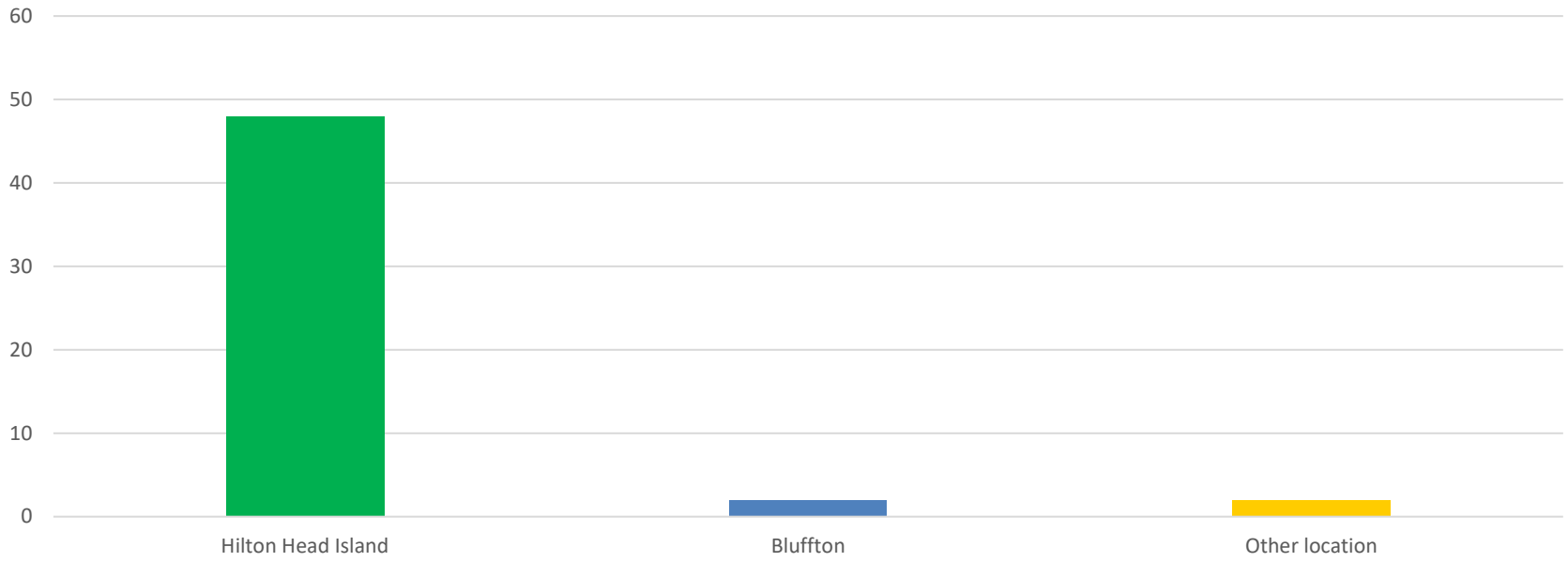
TYPE: SELECT_ONE. 65 out of 172 respondents answered this question. (107 were without data.)



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?

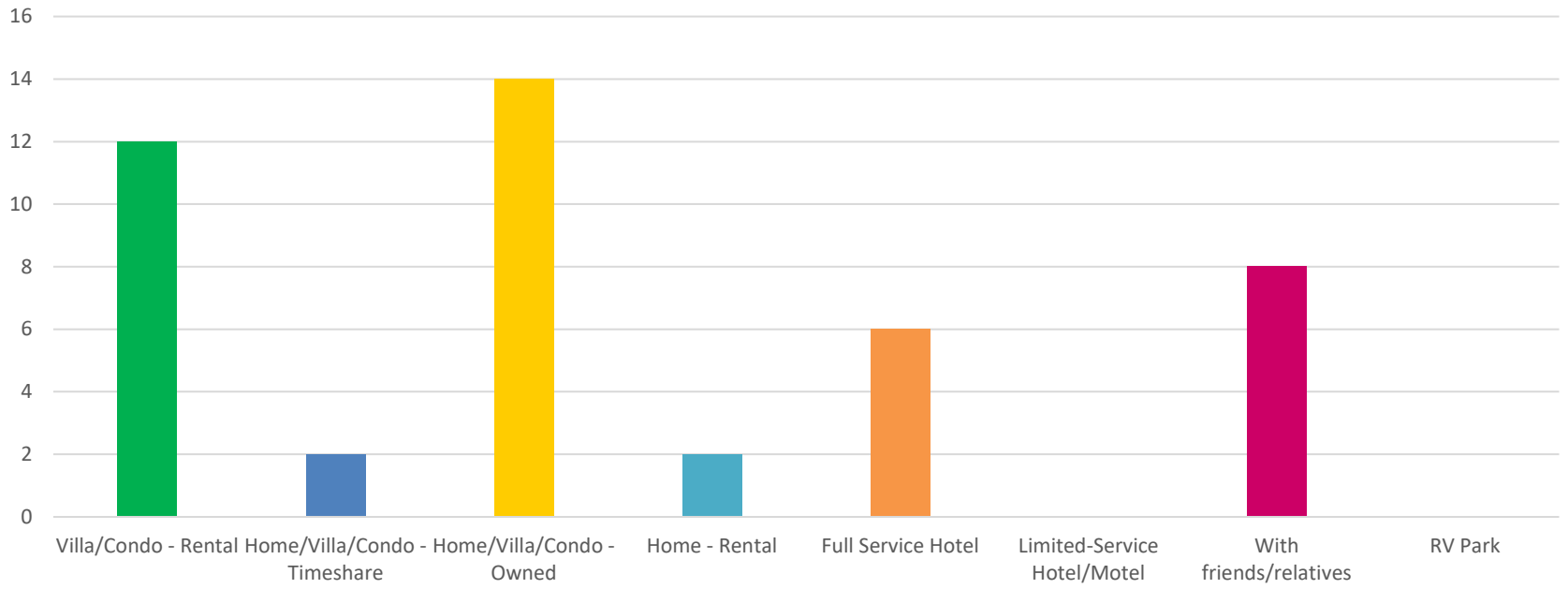
TYPE: SELECT_ONE. 52 out of 172 respondents answered this question. (120 were without data.)



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?

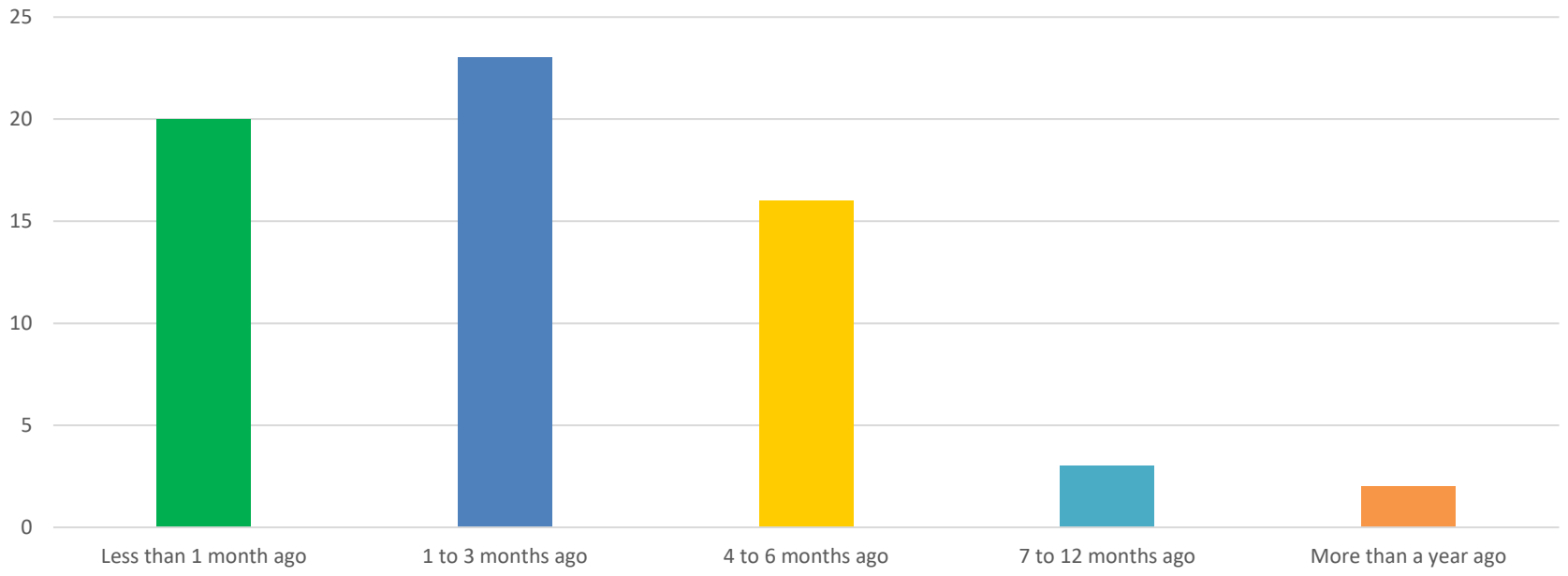
TYPE: SELECT_ONE. 44 out of 172 respondents answered this question. (128 were without data.)



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?

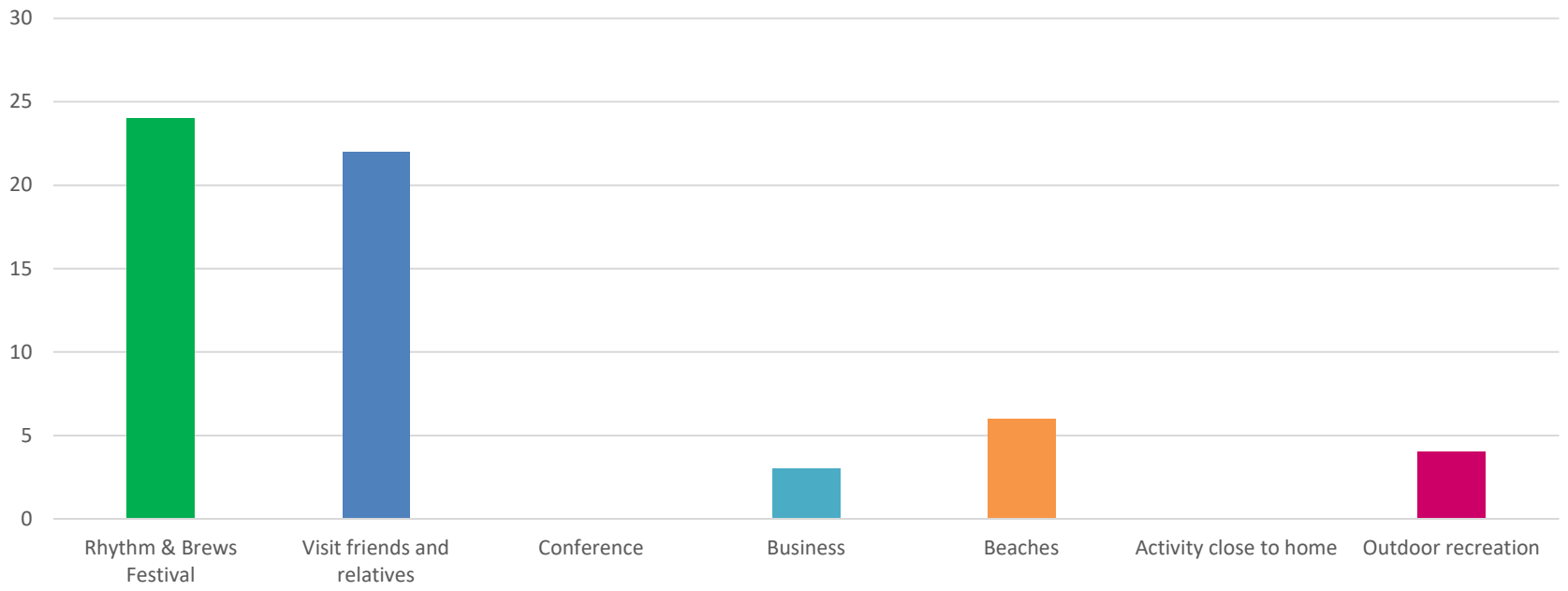
TYPE: SELECT_ONE. 64 out of 172 respondents answered this question. (108 were without data.)



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?

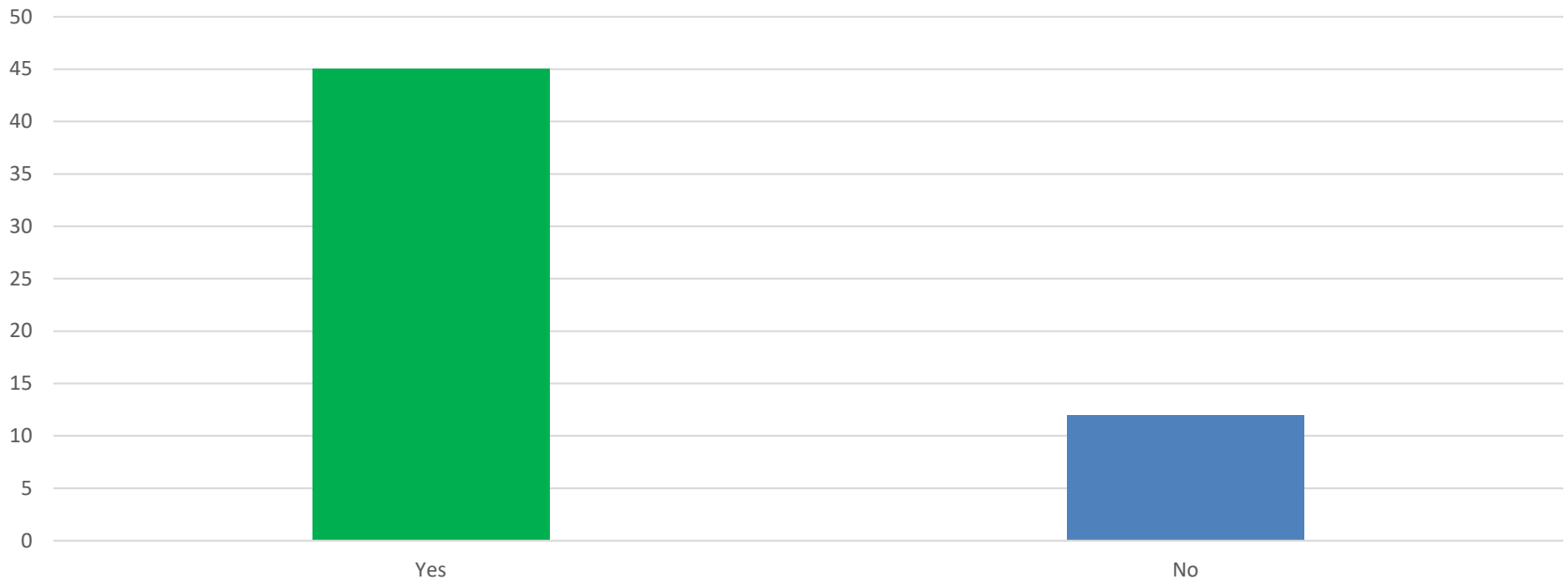
TYPE: SELECT_ONE. 62 out of 172 respondents answered this question. (110 were without data.)



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?

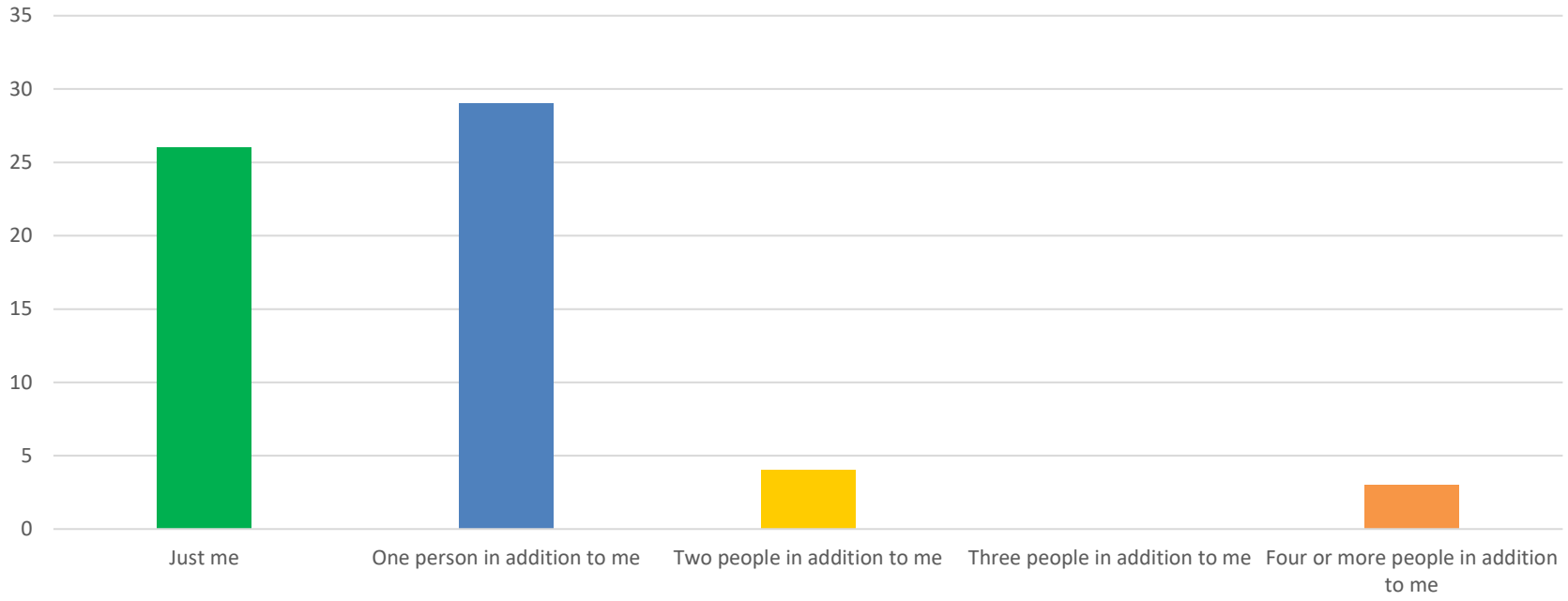
TYPE: SELECT_ONE. 57 out of 172 respondents answered this question. (115 were without data.)



Value	Frequency	Percentage
Yes	45	78.95%
No	12	21.05%

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

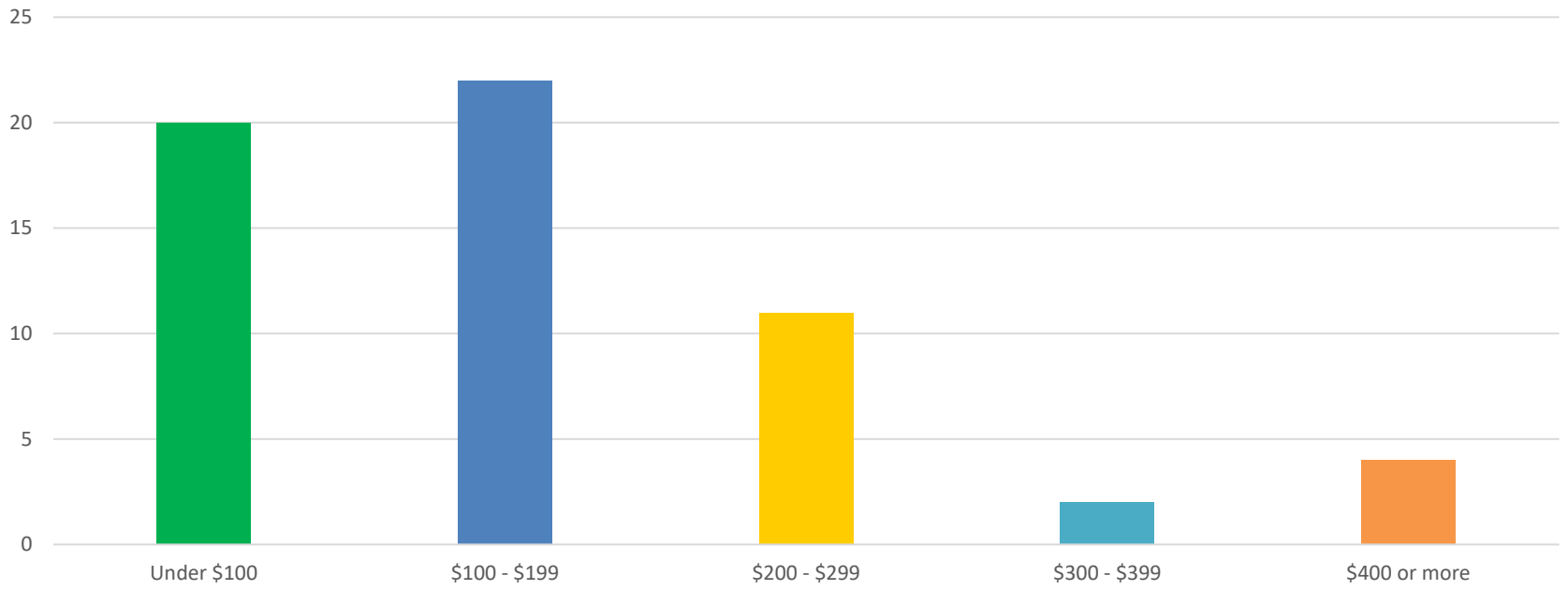
TYPE: SELECT_ONE. 62 out of 172 respondents answered this question. (110 were without data.)



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?

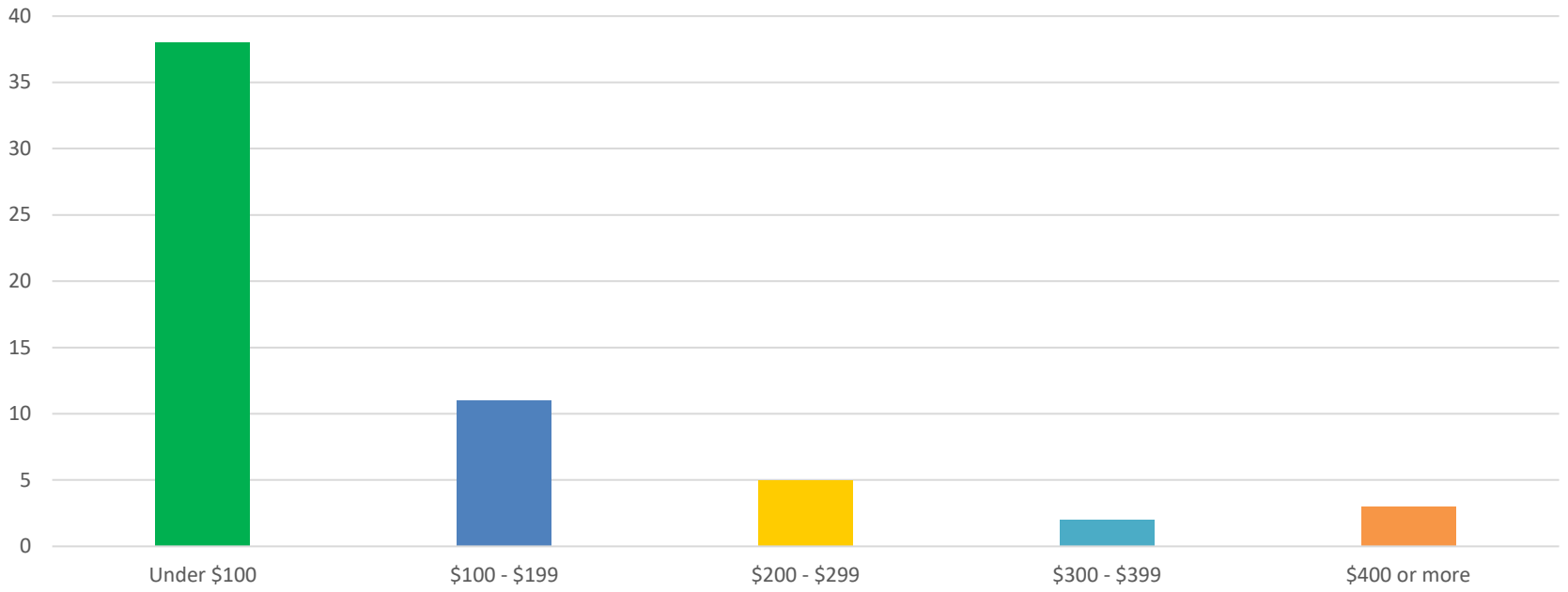
TYPE: SELECT_ONE. 59 out of 172 respondents answered this question. (113 were without data.)



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?

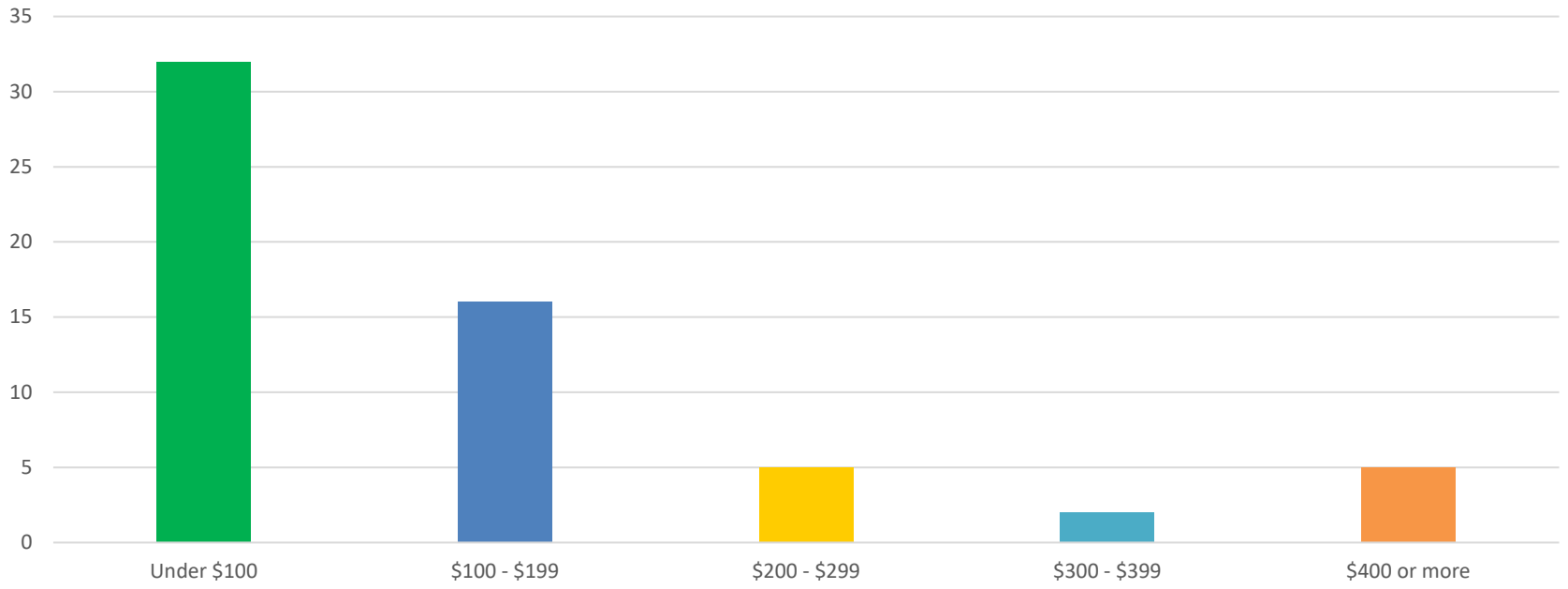
TYPE: SELECT_ONE. 59 out of 172 respondents answered this question. (113 were without data.)



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?

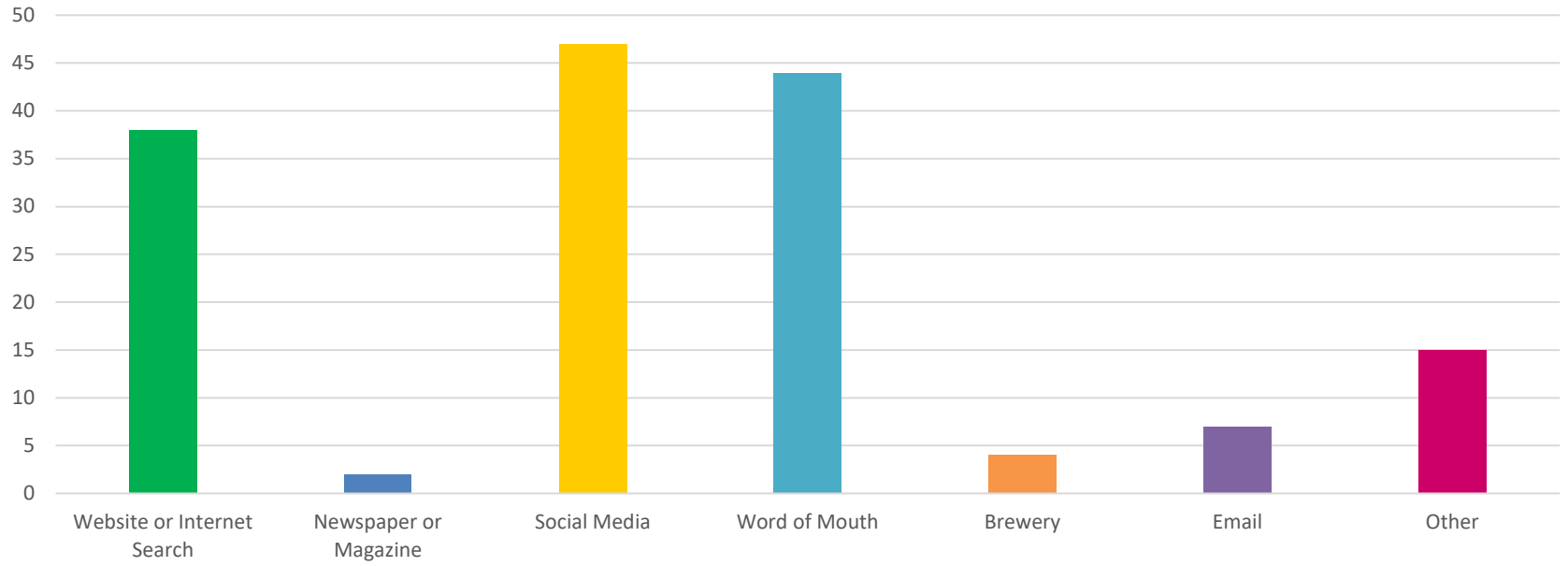
TYPE: SELECT_ONE. 60 out of 172 respondents answered this question. (112 were without data.)



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?

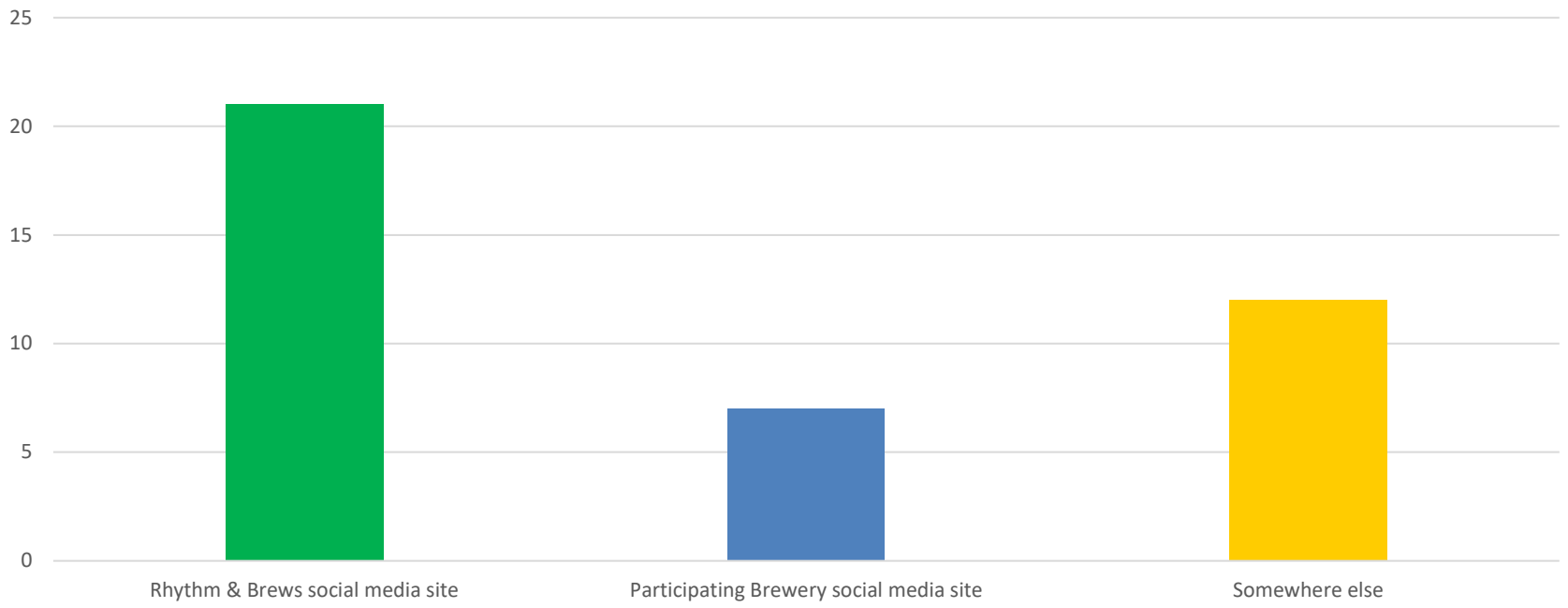
TYPE: SELECT_MULTIPLE. 164 out of 172 respondents answered this question. (8 were without data.)



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?

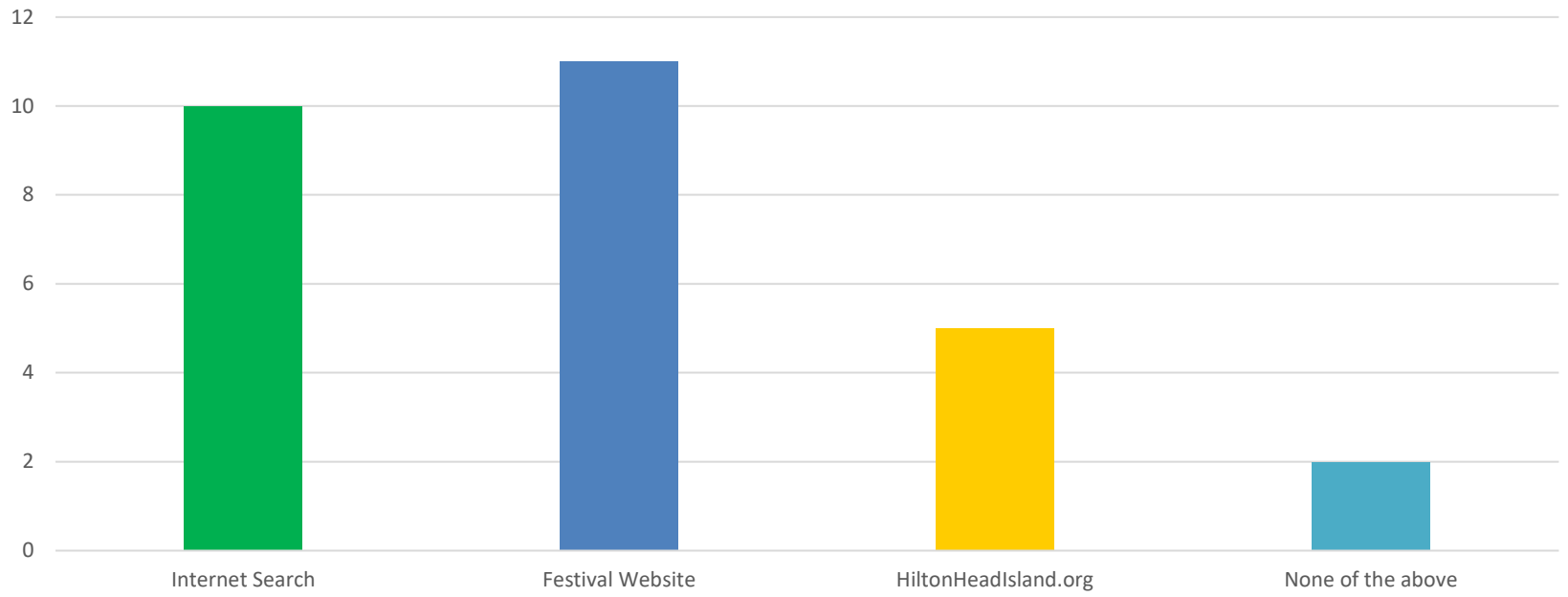
TYPE: SELECT_ONE. 40 out of 172 respondents answered this question. (132 were without data.)



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?

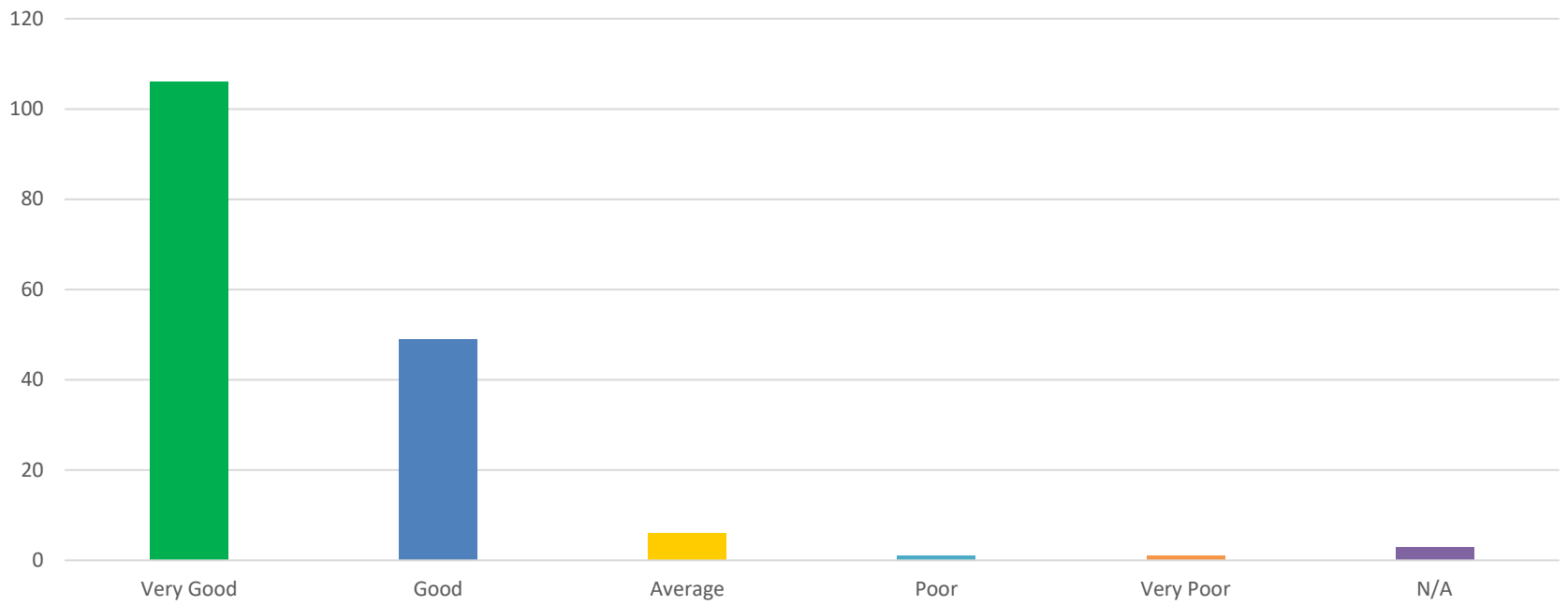
TYPE: SELECT_ONE. 28 out of 172 respondents answered this question. (144 were without data.)



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?

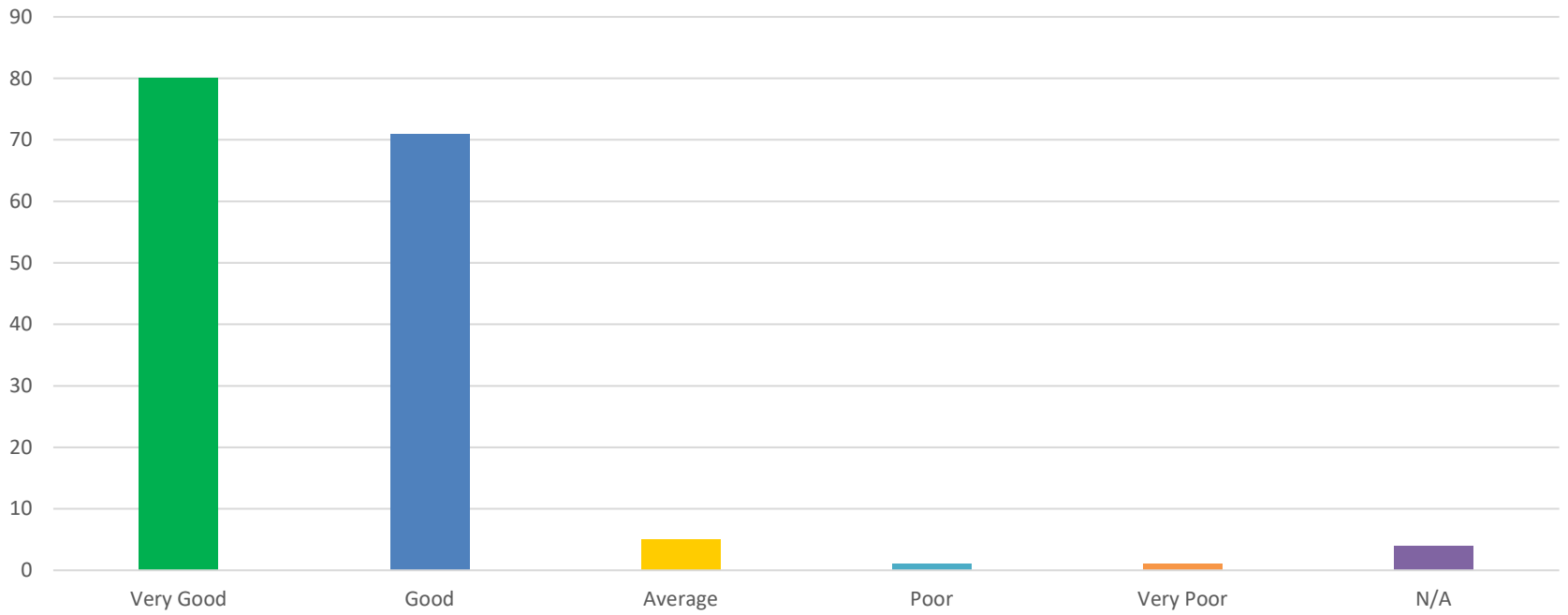
TYPE: SELECT_ONE. 166 out of 172 respondents answered this question. (6 were without data.)



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%

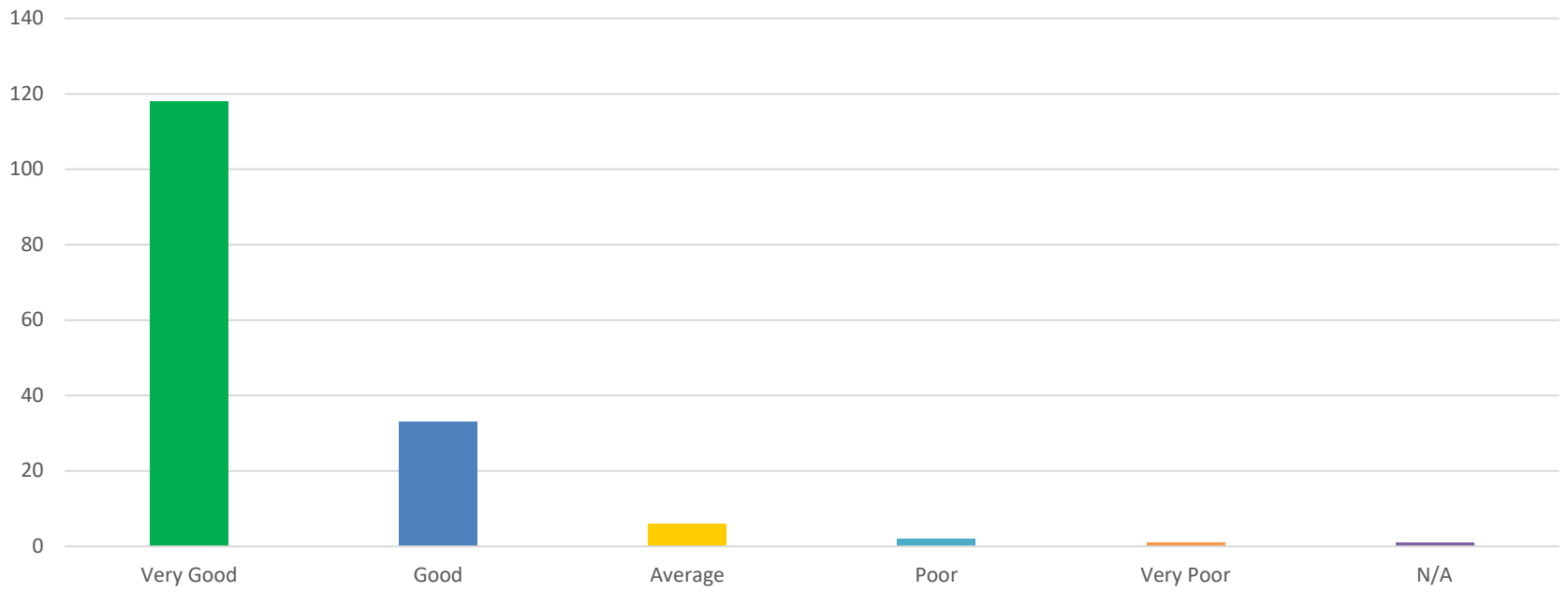
How would you rate the friendliness of the staff at this event?

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

Value	Frequency	Percentage
Very Good	143	87.20%
Good	18	10.98%
Average	2	1.22%
Poor	0	0.00%
Very Poor	1	0.61%
N/A	0	0.00%

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

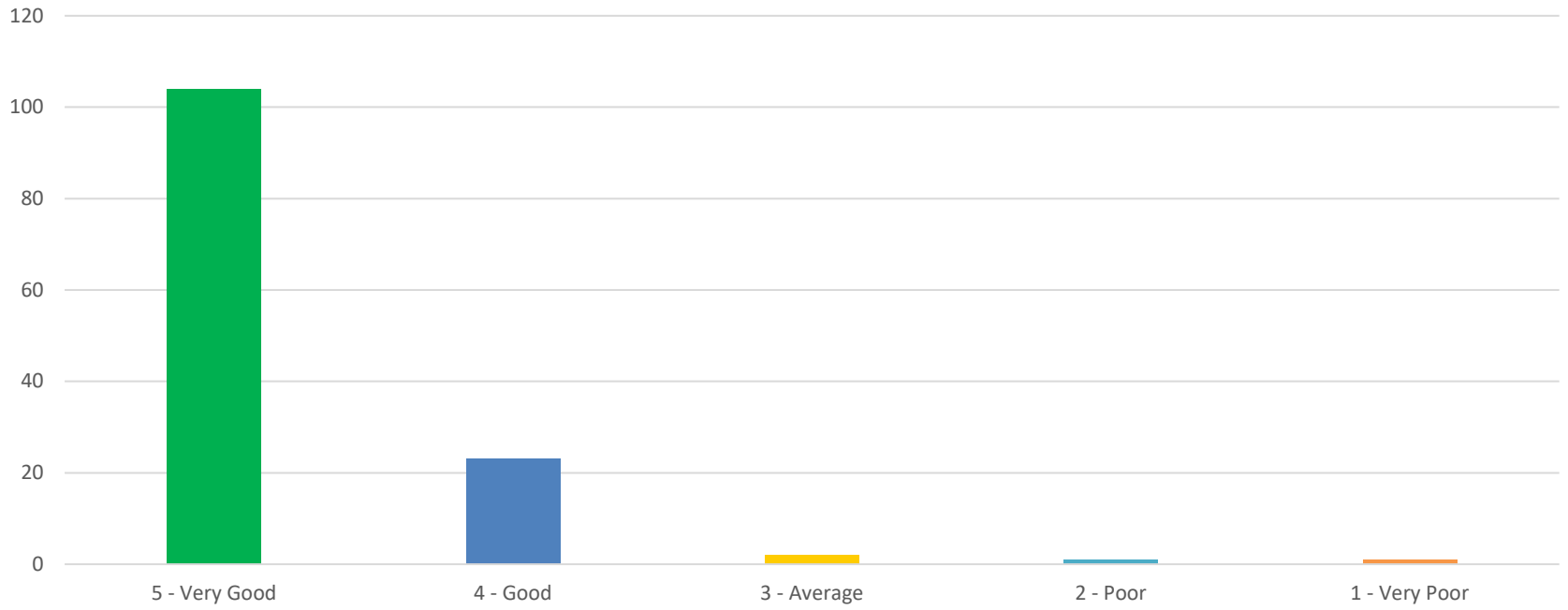
TYPE: SELECT_ONE. 161 out of 172 respondents answered this question. (11 were without data.)



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?

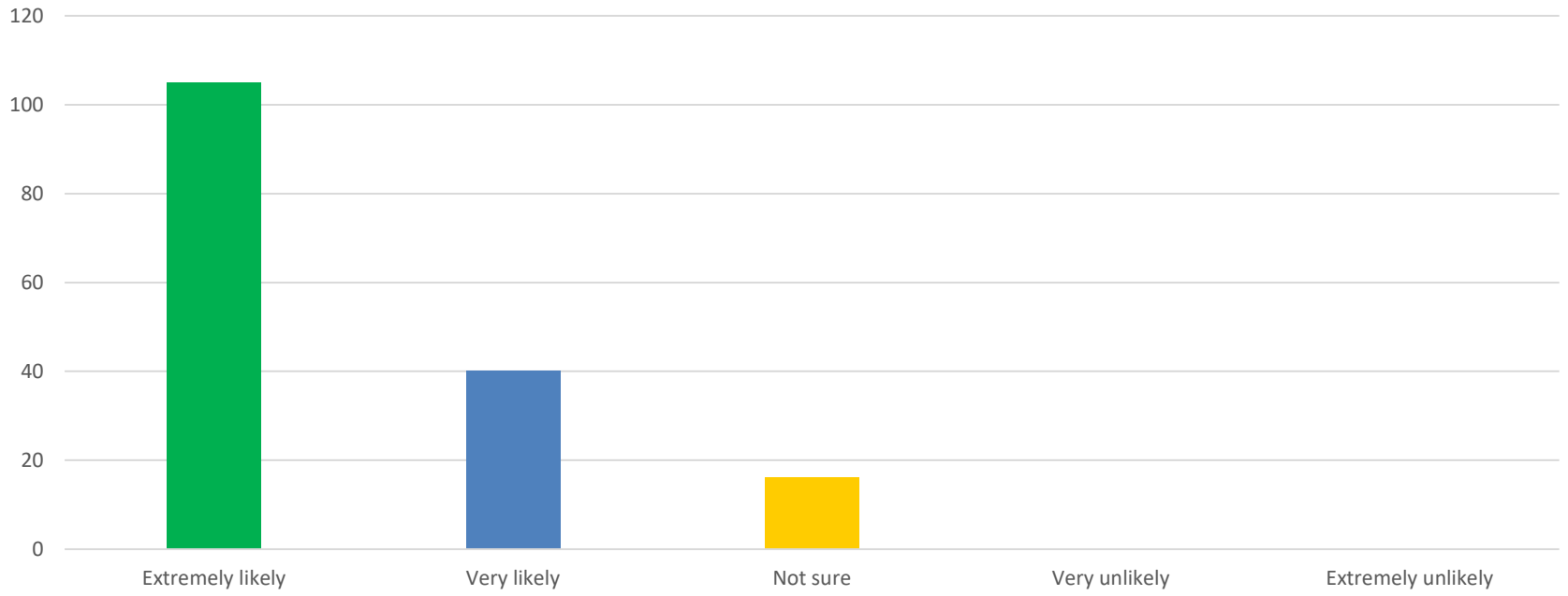
TYPE: SELECT_ONE. 131 out of 172 respondents answered this question. (41 were without data.)



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?

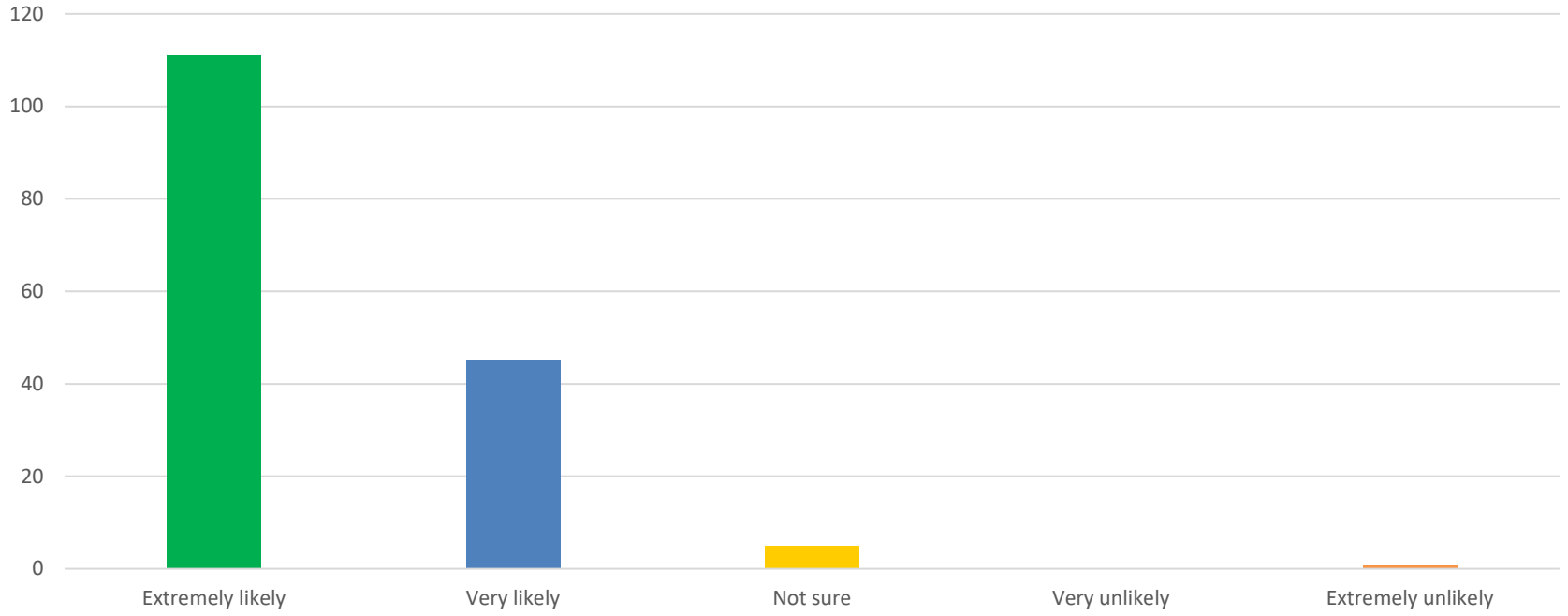
TYPE: SELECT_ONE. 161 out of 172 respondents answered this question. (11 were without data.)



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?

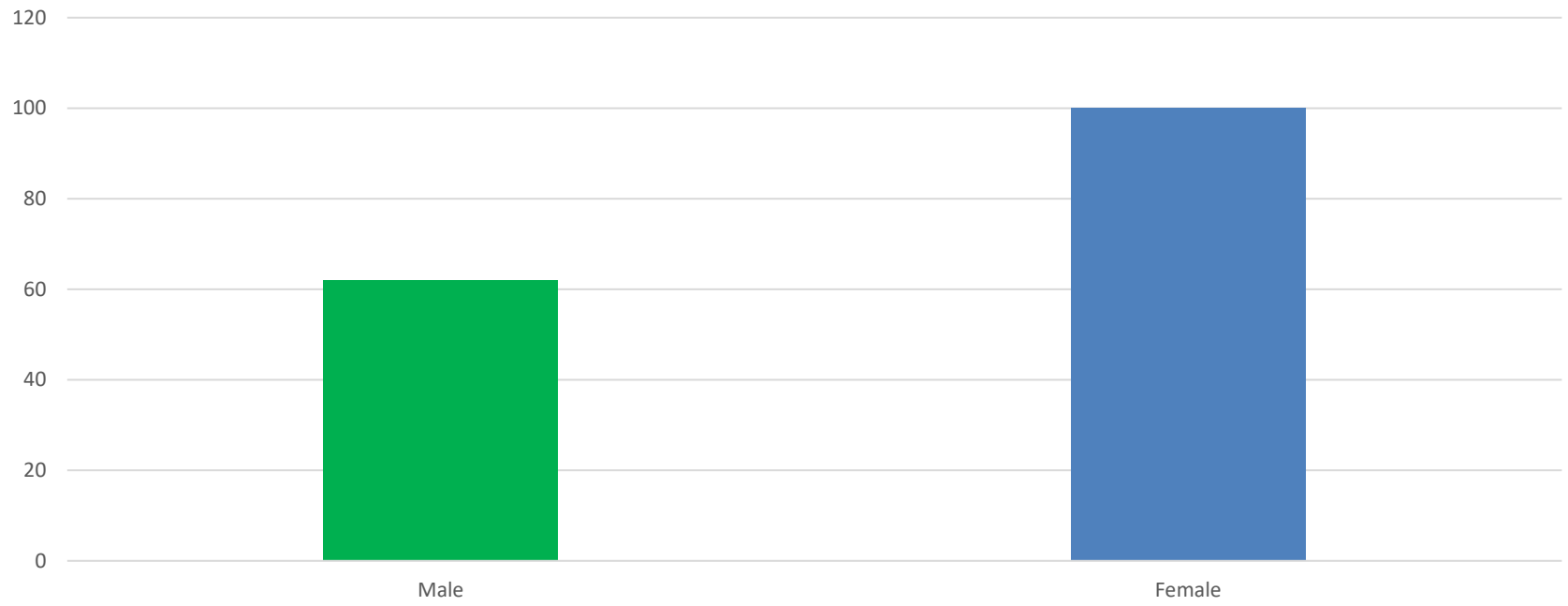
TYPE: SELECT_ONE. 162 out of 172 respondents answered this question. (10 were without data.)



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

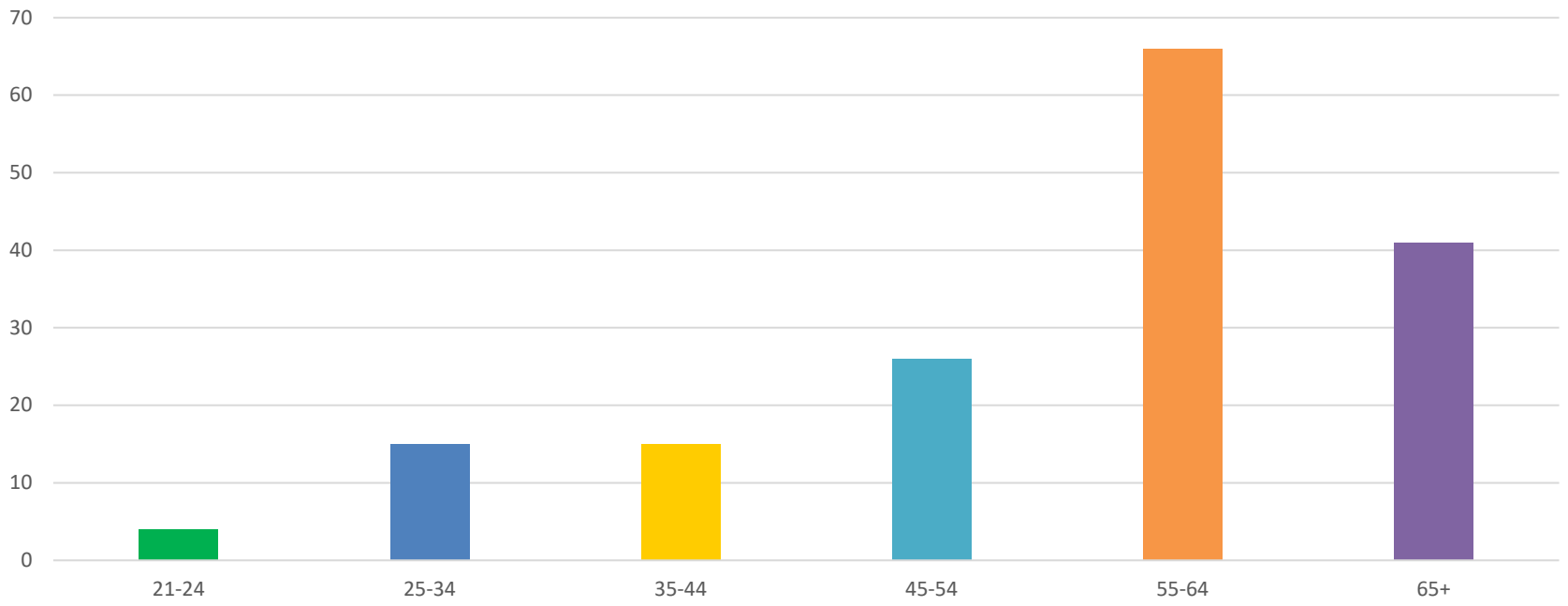
TYPE: SELECT_ONE. 162 out of 172 respondents answered this question. (10 were without data.)



Value	Frequency	Percentage
Male	62	38.27%
Female	100	61.73%

Please indicate your age below

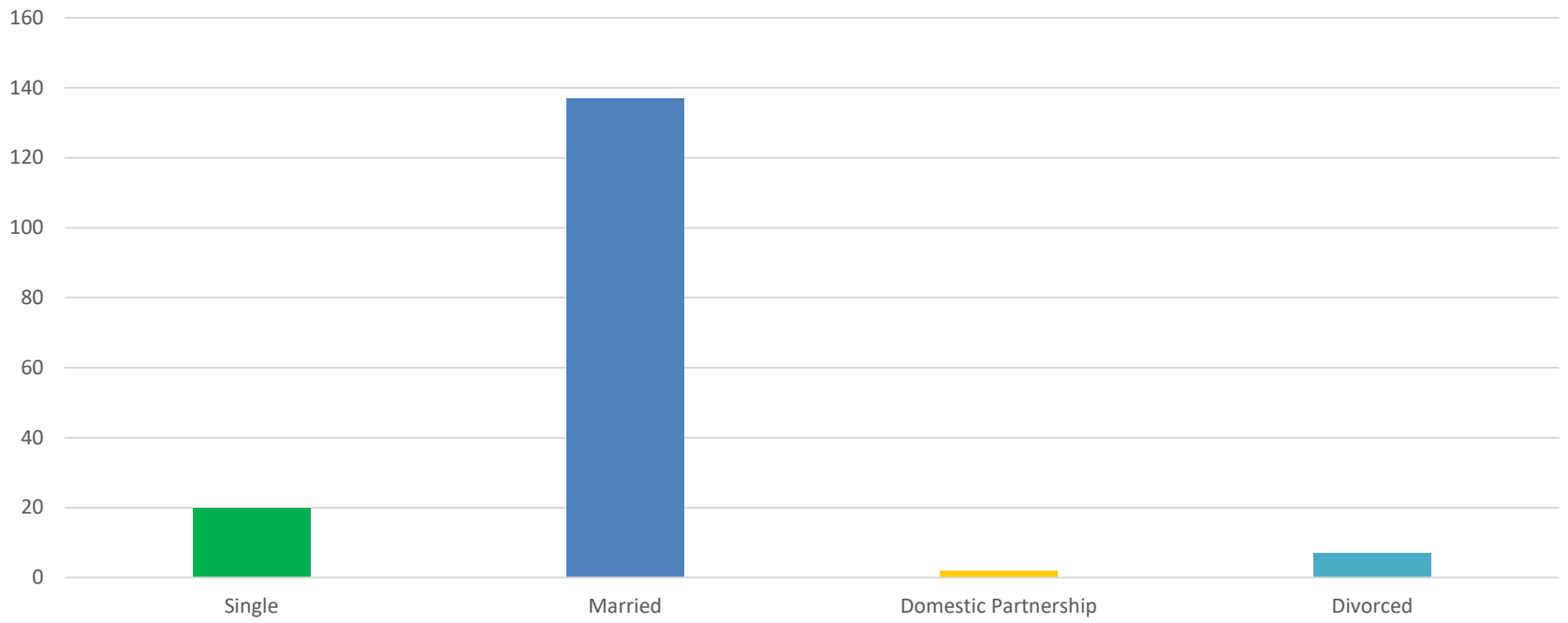
TYPE: SELECT_ONE. 167 out of 172 respondents answered this question. (5 were without data.)



Value	Frequency	Percentage
21-24	4	2.40%
25-34	15	8.98%
35-44	15	8.98%
45-54	26	15.57%
55-64	66	39.52%
65+	41	24.55%

Please indicate your marital status

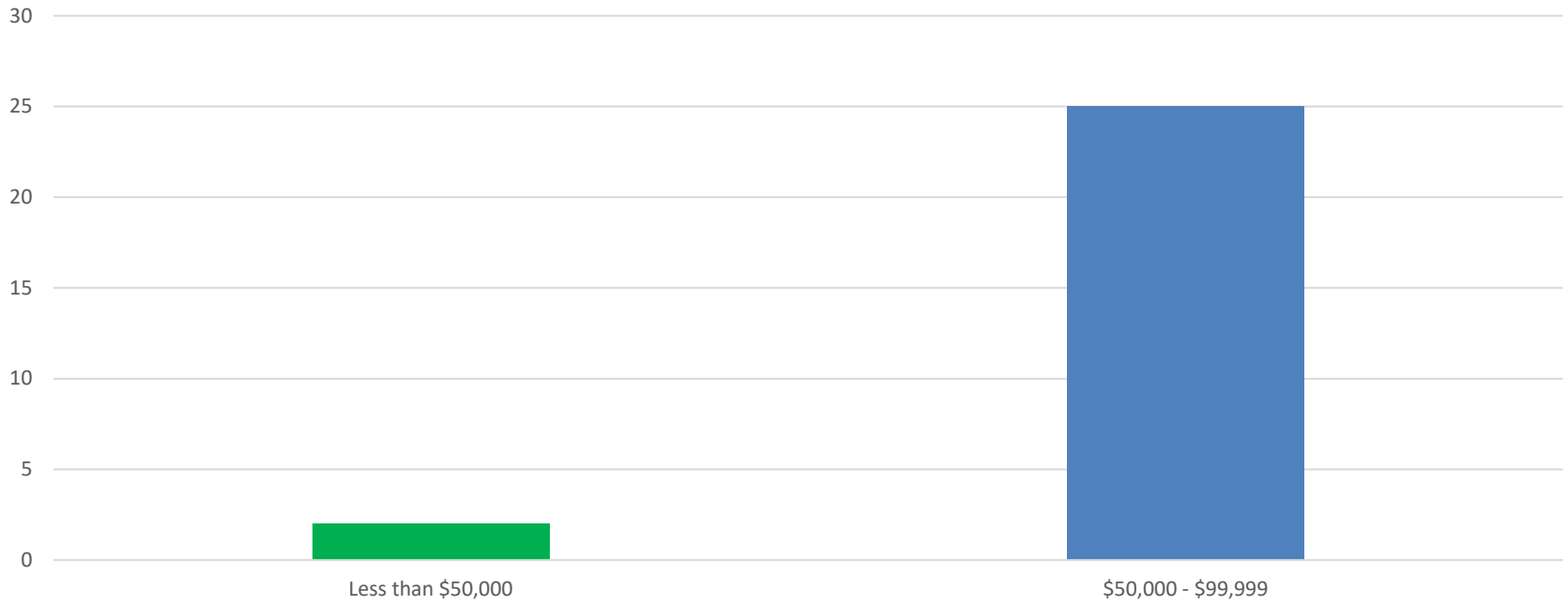
TYPE: SELECT_ONE. 166 out of 172 respondents answered this question. (6 were without data.)



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?

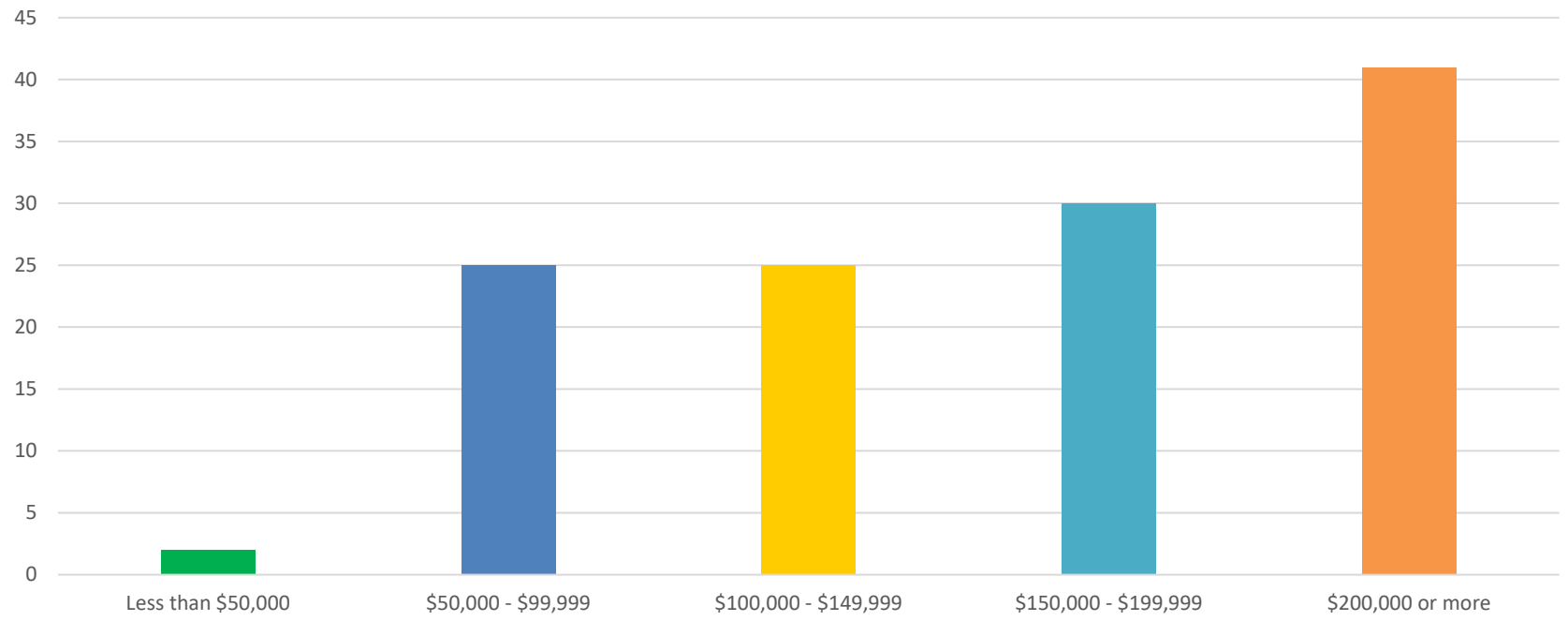
TYPE: SELECT_ONE. 158 out of 172 respondents answered this question. (14 were without data.)



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, tents over the chairs and tables. 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 Suggestions.

Comments that contained **positive** aspects ……	54 Responses	79% Positive
Comments that contained neutral aspects ……	14 Responses	21% Neutral
Comments that contained *negative* aspects ……	5 Responses	7% Negative
Comments that contained suggestions ……	5 Responses	7% Requests

Total Number of comments ……..68 Responses

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THANK YOU!

USCB | CENTER FOR LOWCOUNTRY HOSPITALITY EDUCATION

2024 FESTIVAL REPORT

Rhythm & Brews

USCB | 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.
    - 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.

187
Total Responses

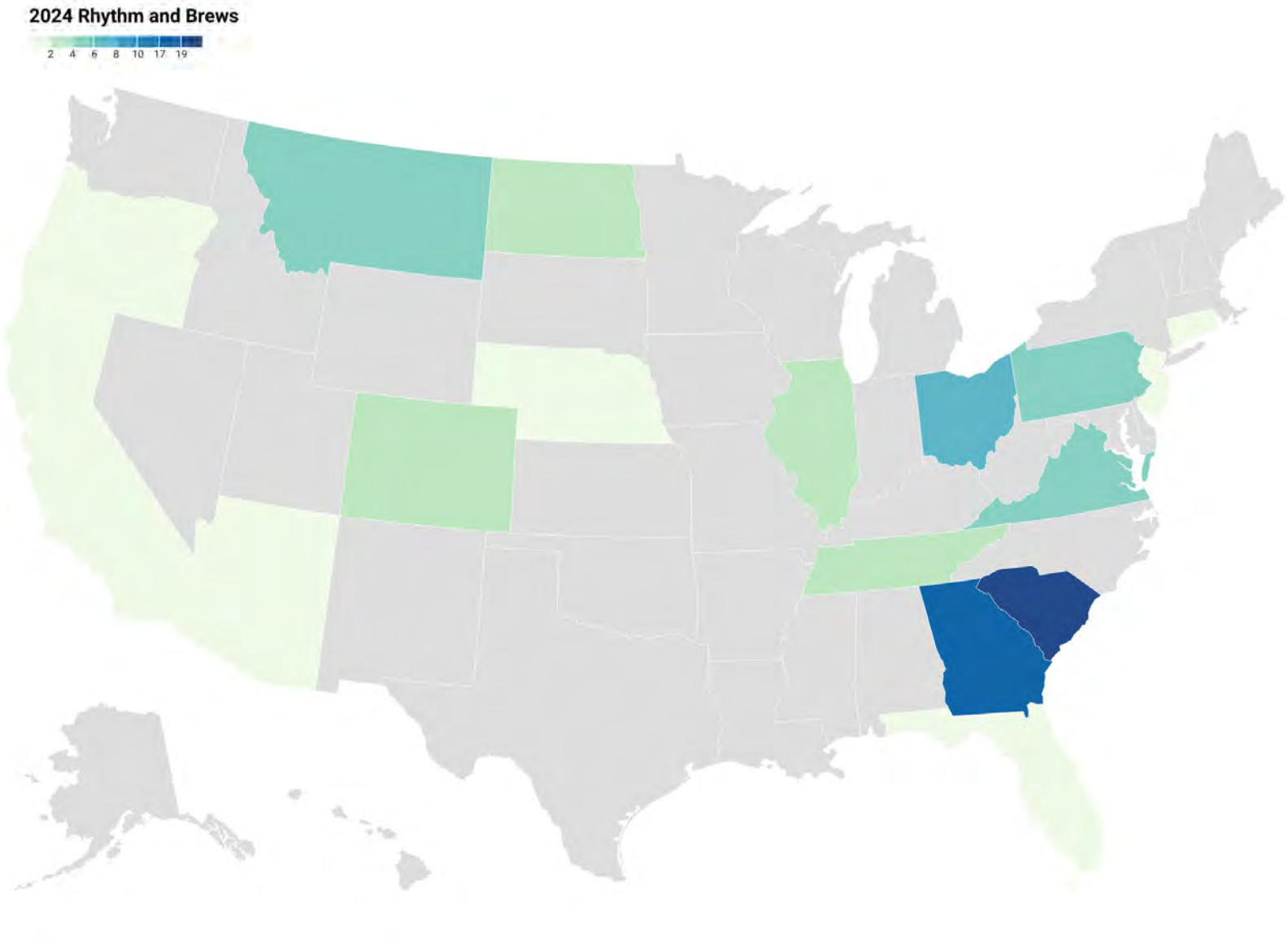
74
iPad Responses

12
QR Code Responses

101
QR Code Handouts

Q1: Enter the ZIP Code for your primary residence.

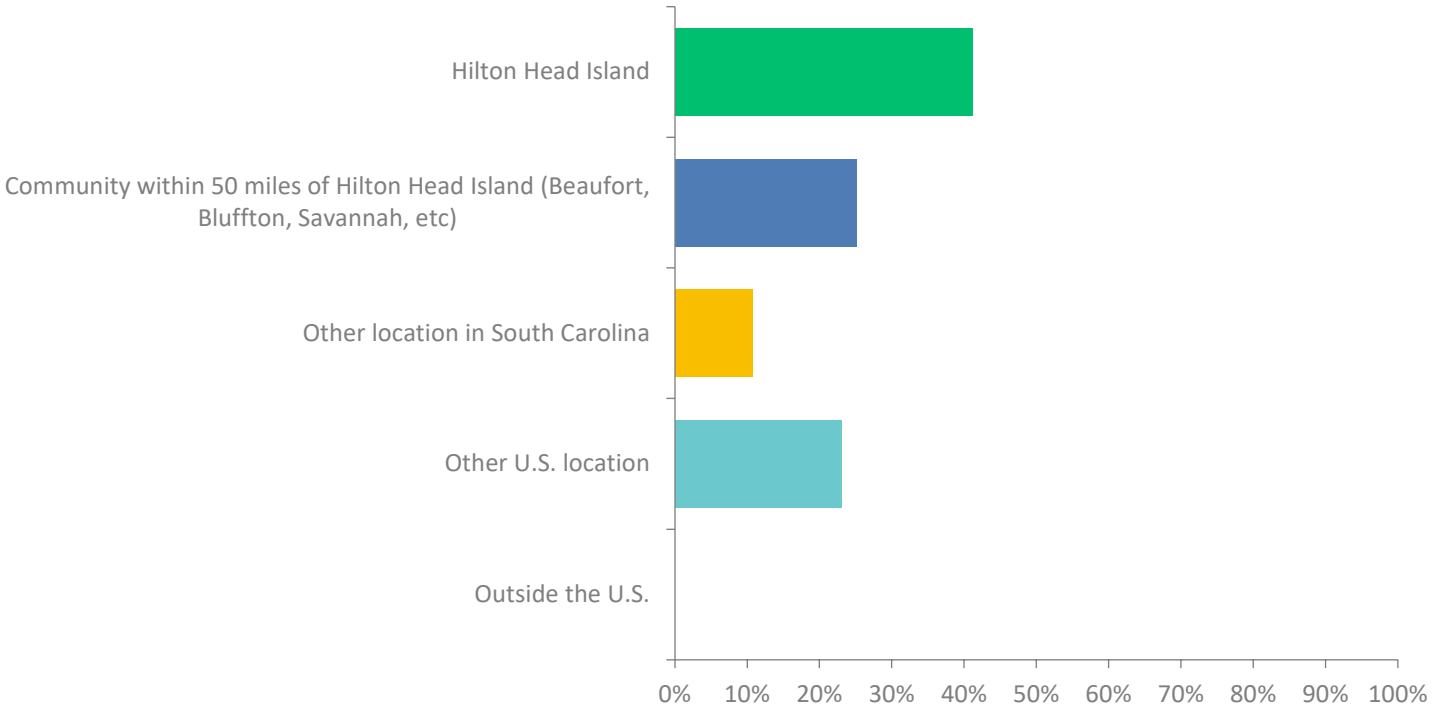
Answered: 187 Skipped: 0



SC	GA	OH	MO	VA	PA	IL	ND	TN	CO	CT	FL	AZ	RI	OR	CA	NE	NJ
135	18	16	4	4	4	2	2	2	2	2	1	1	1	1	1	1	1

Q2: Where is your PRIMARY residence?

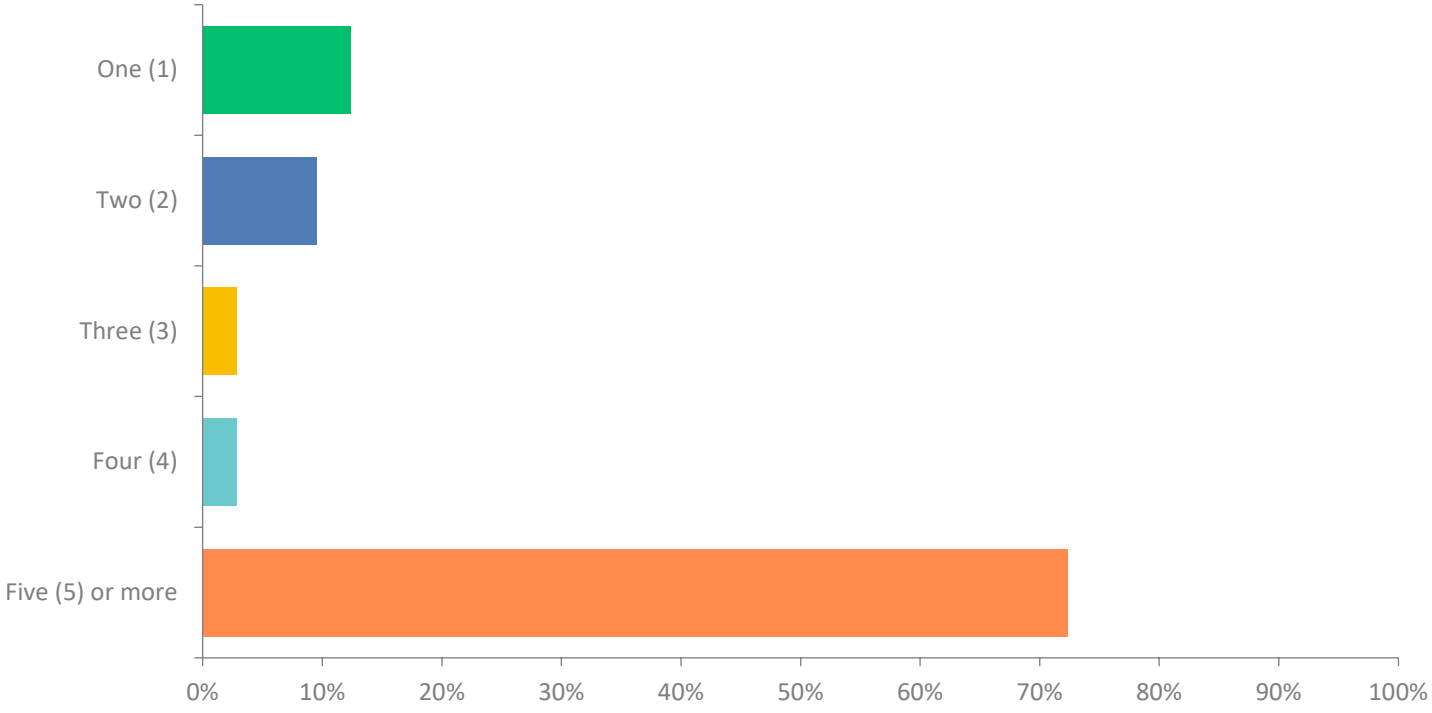
Answered: 187 Skipped: 0



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
TOTAL			187

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

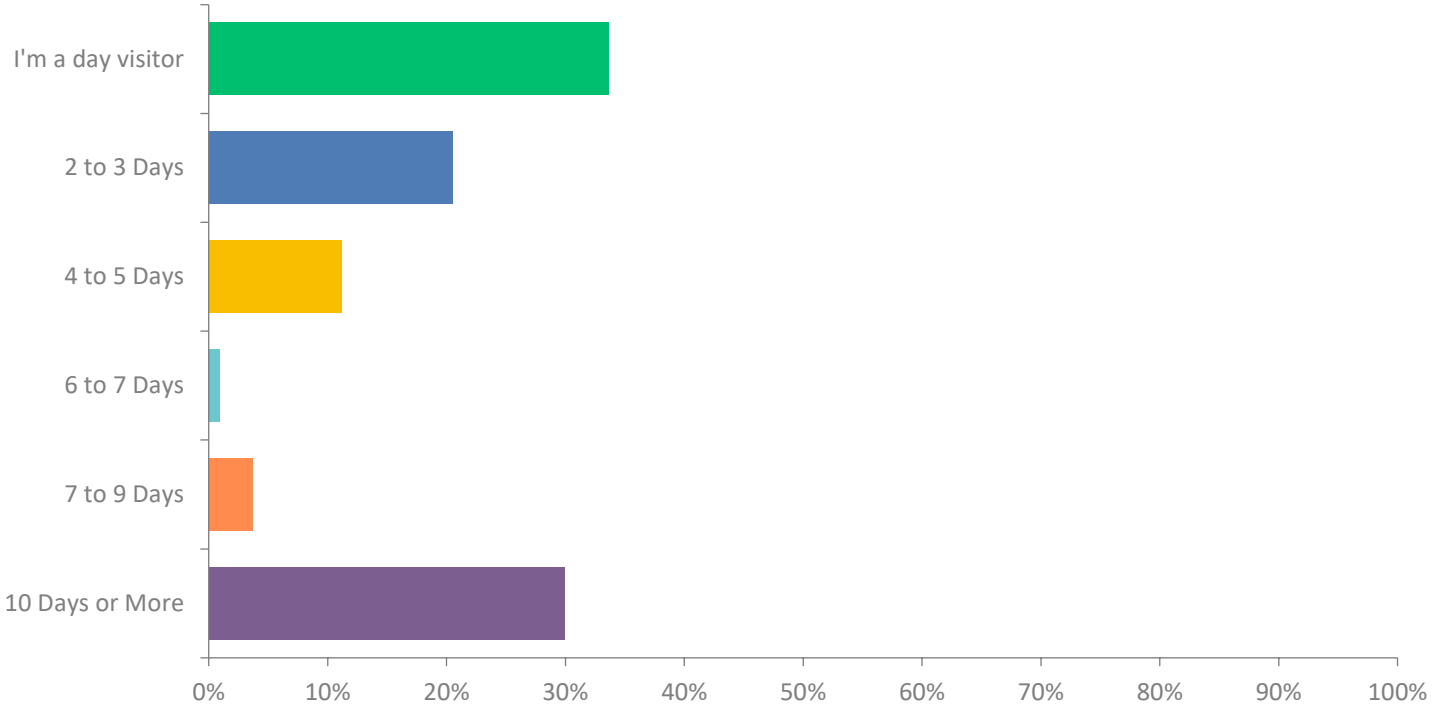
Answered: 105 Skipped: 82



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?

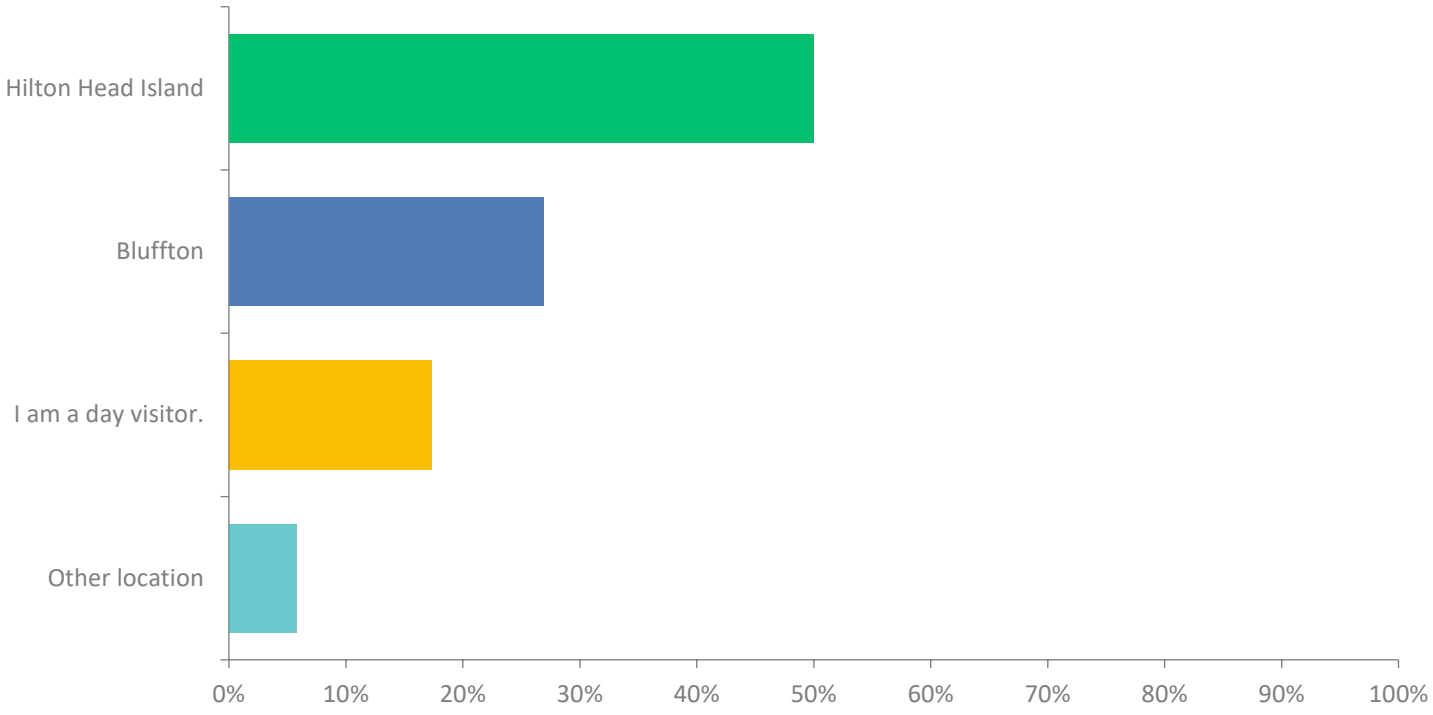
Answered: 107 Skipped: 80



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?

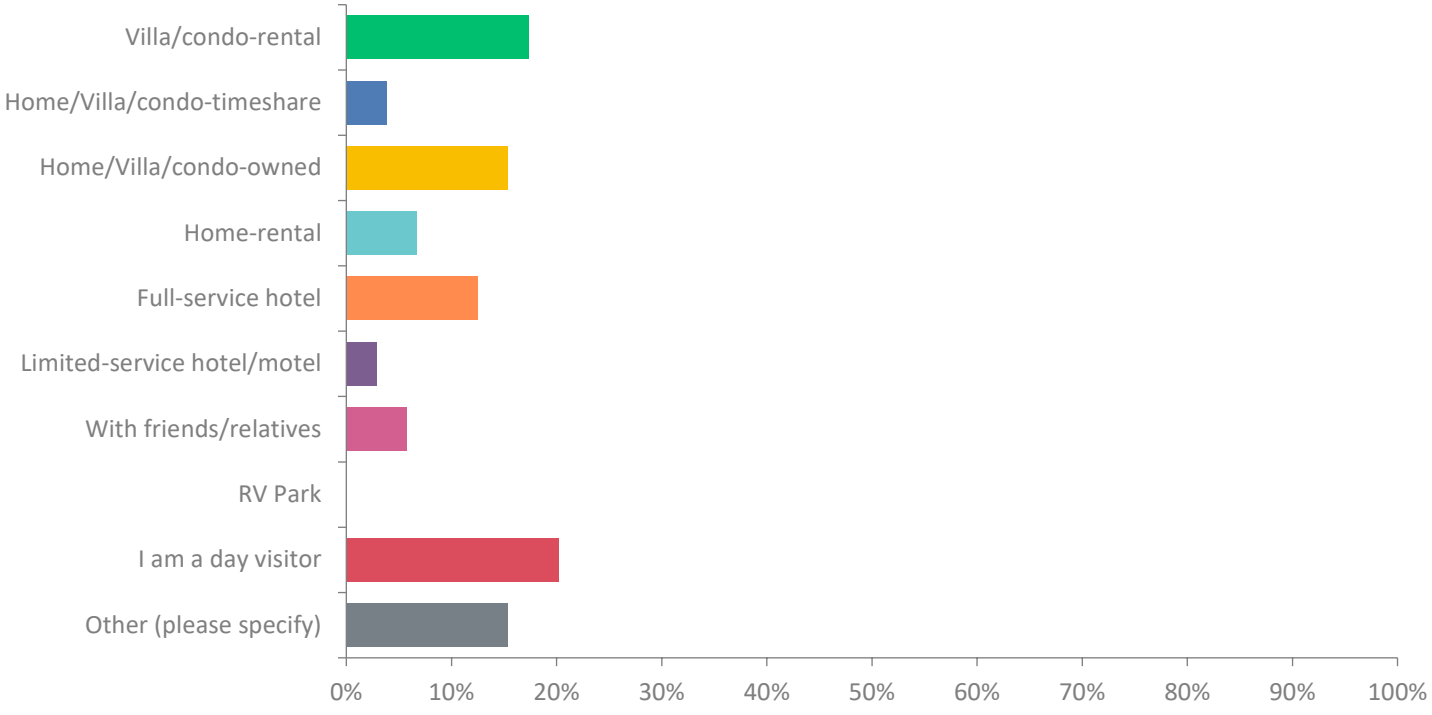
Answered: 104 Skipped: 83



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?

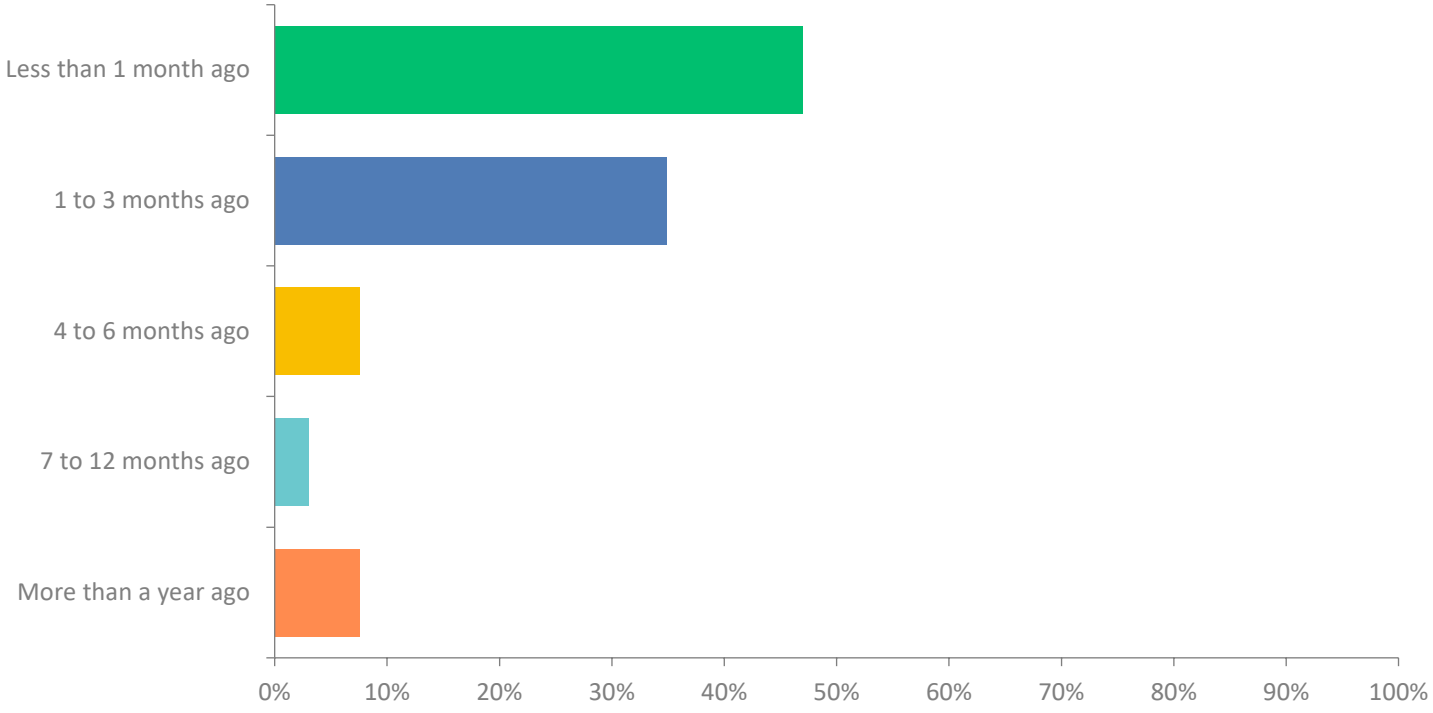
Answered: 104 Skipped: 83



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?

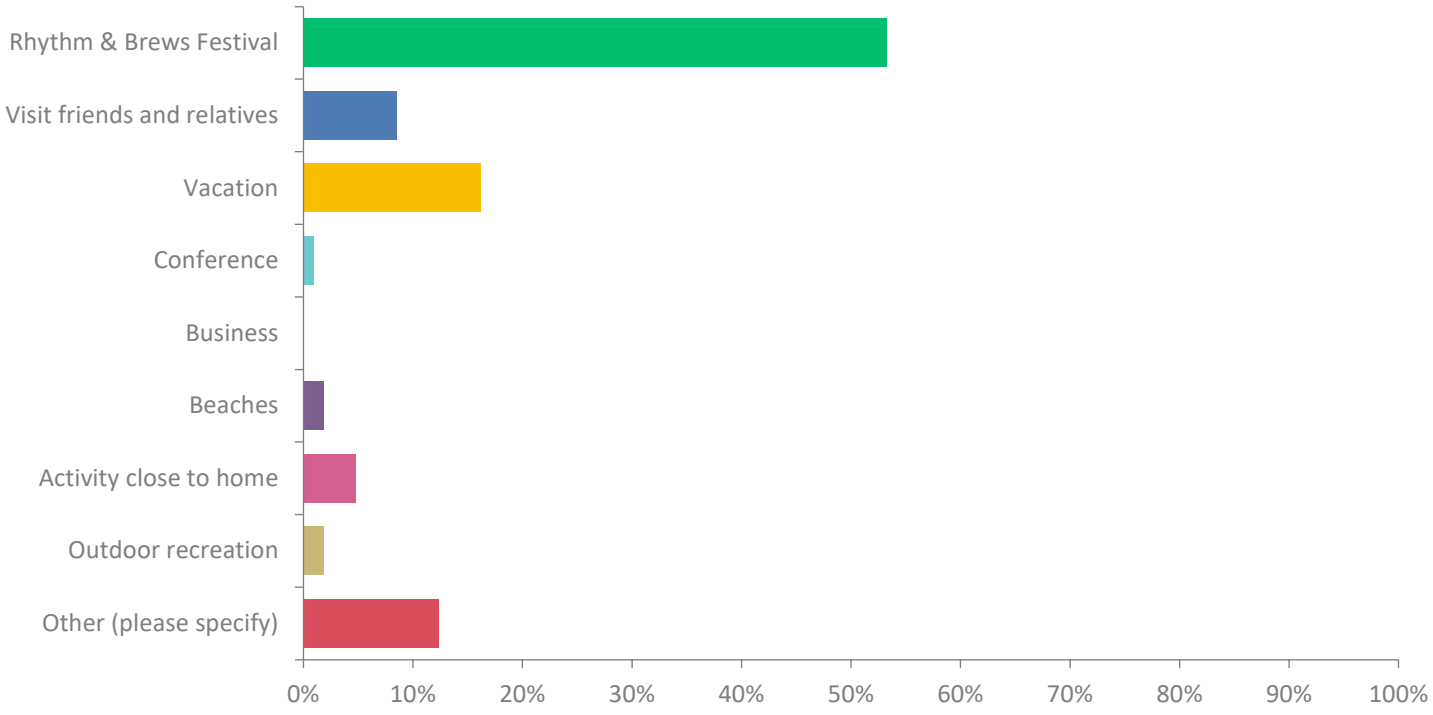
Answered: 66 Skipped: 121



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?

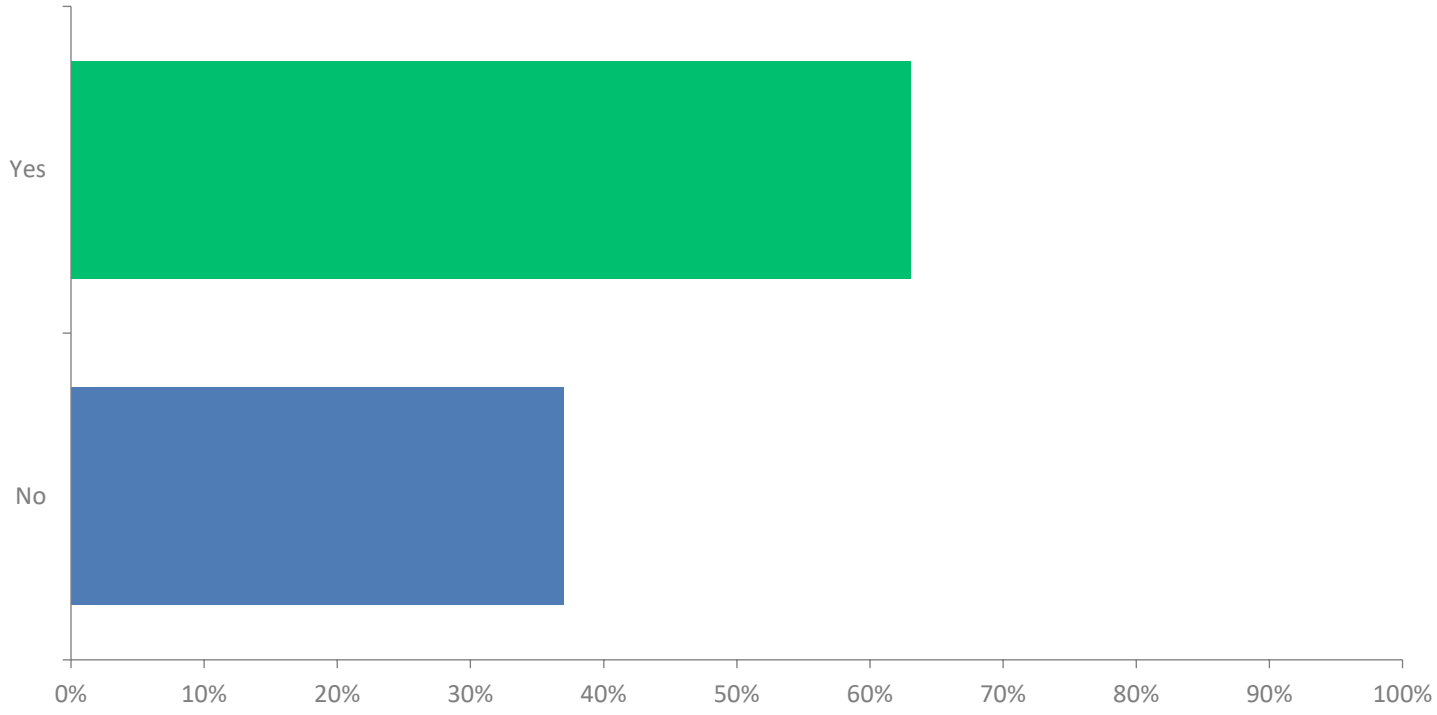
Answered: 105 Skipped: 82



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 fes had not been held?

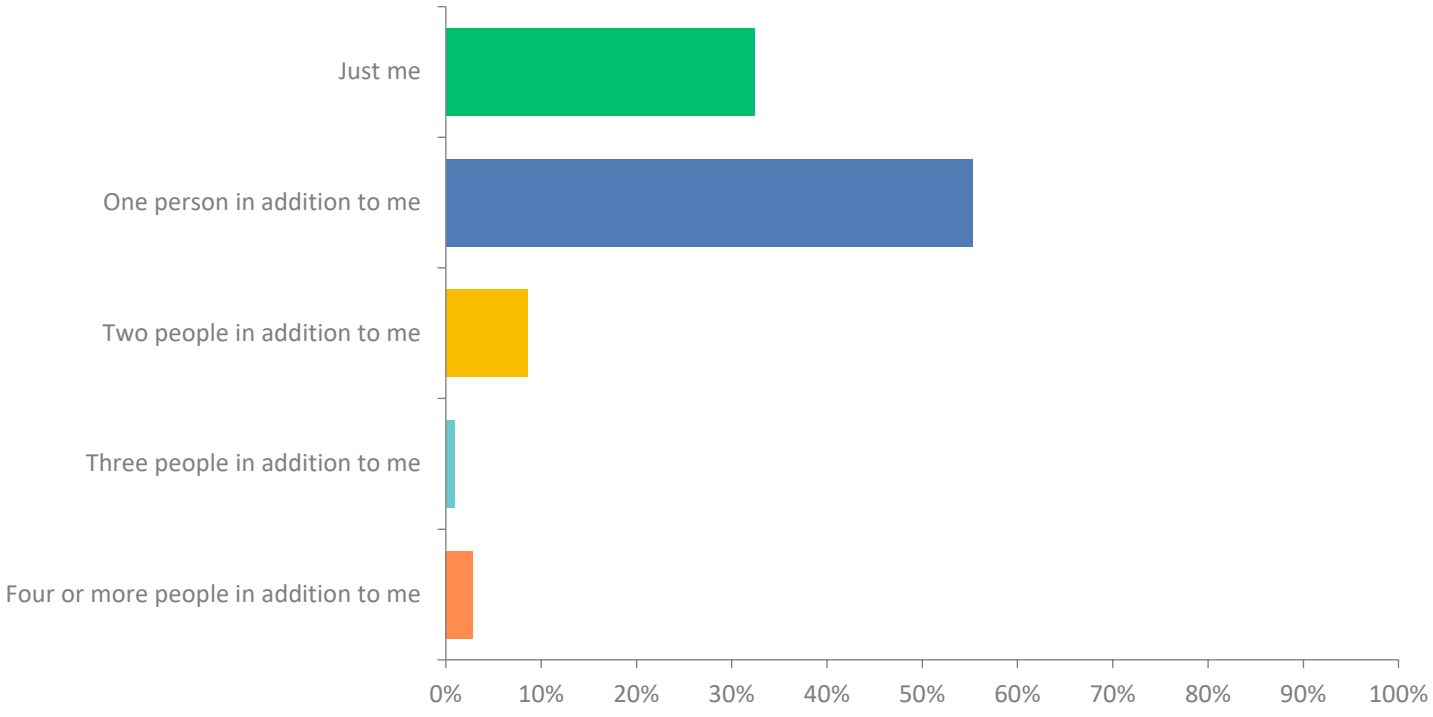
Answered: 100 Skipped: 87



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?

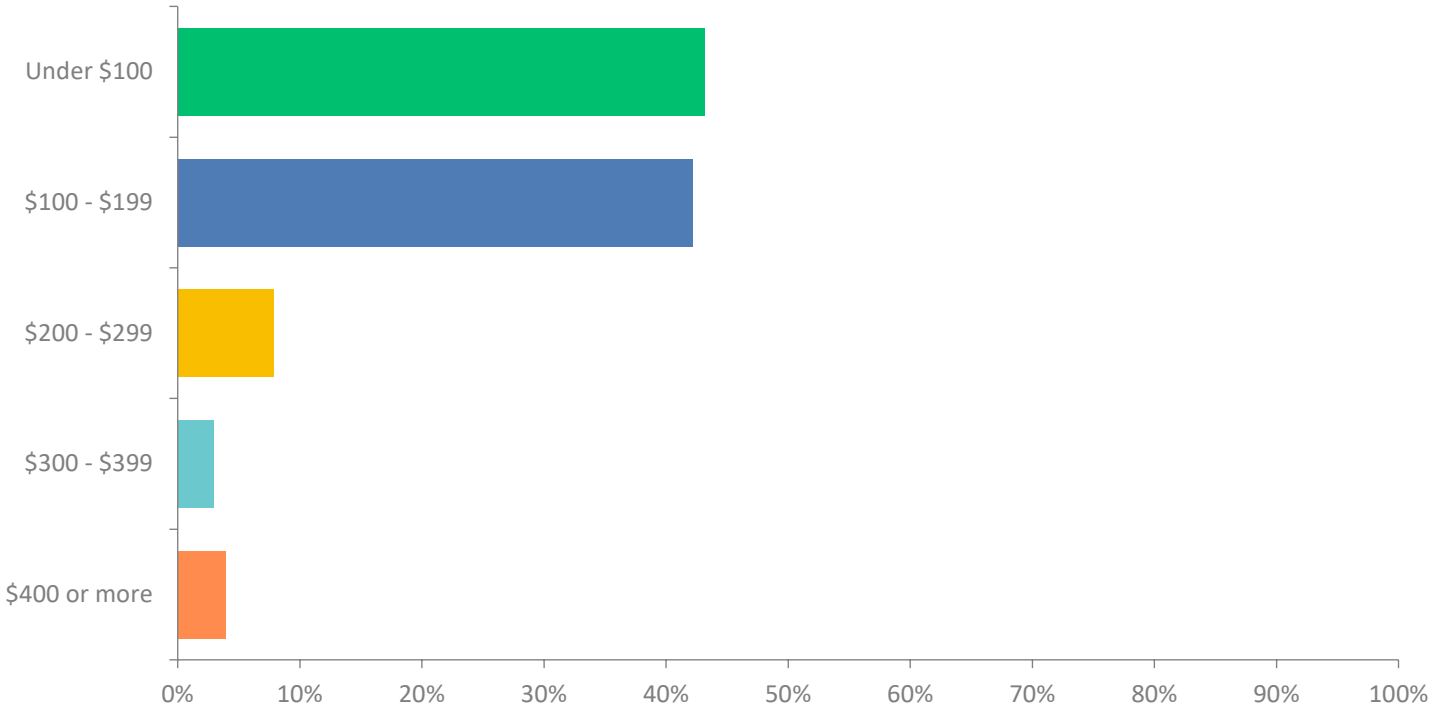
Answered: 105 Skipped: 82



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?

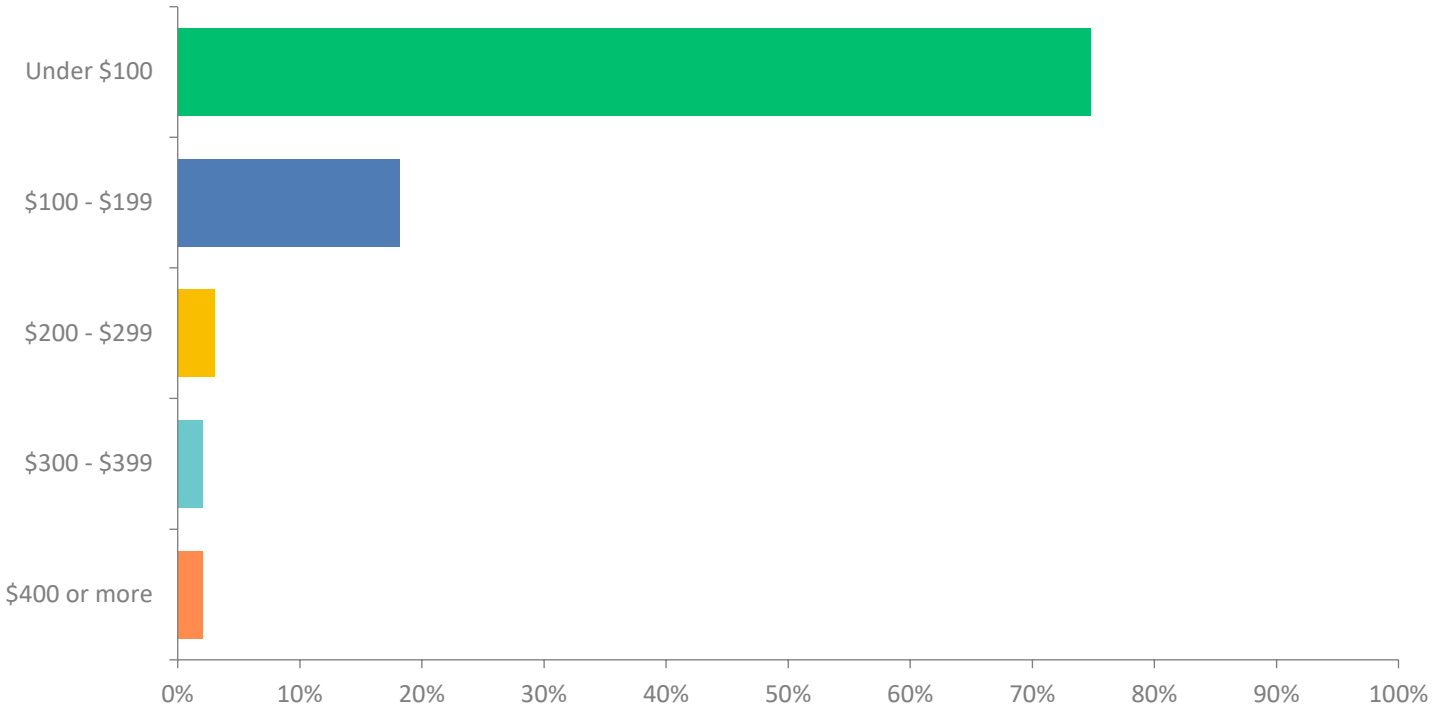
Answered: 102 Skipped: 85



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?

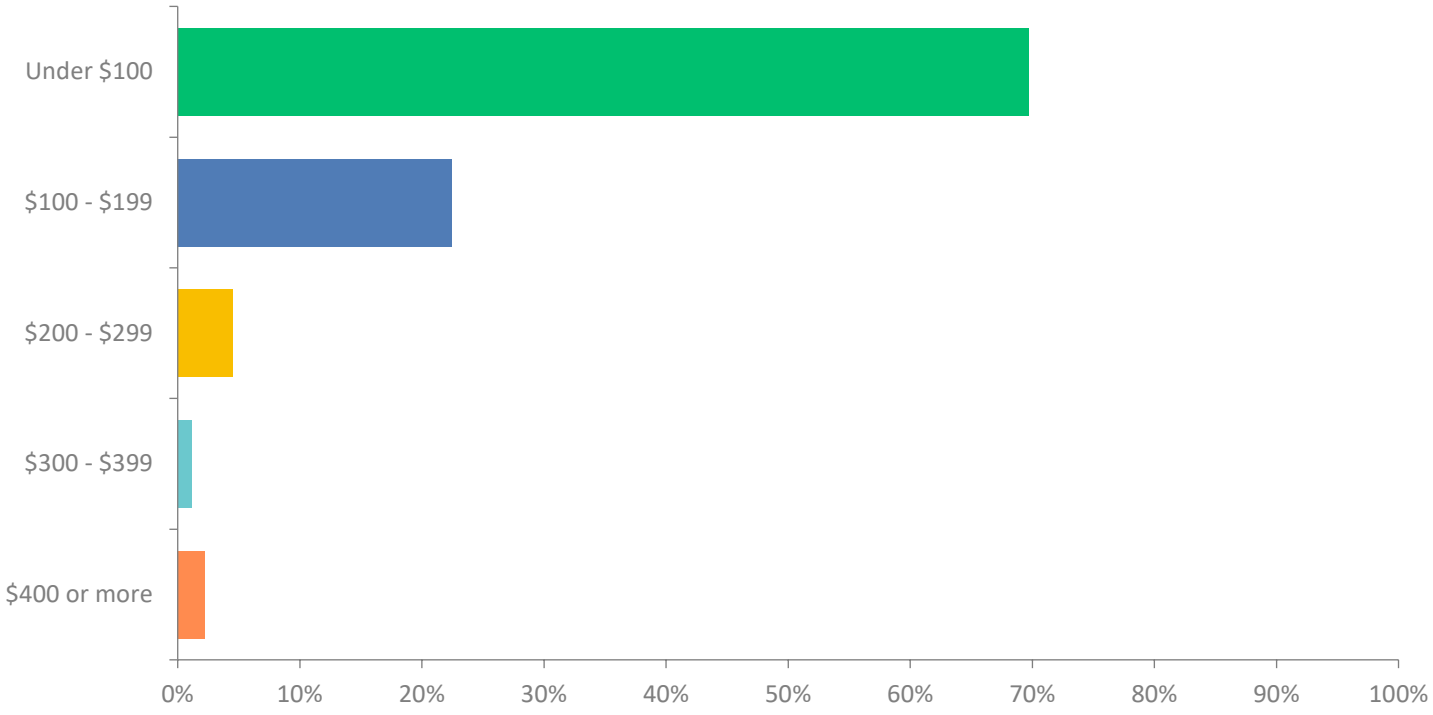
Answered: 99 Skipped: 88



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?

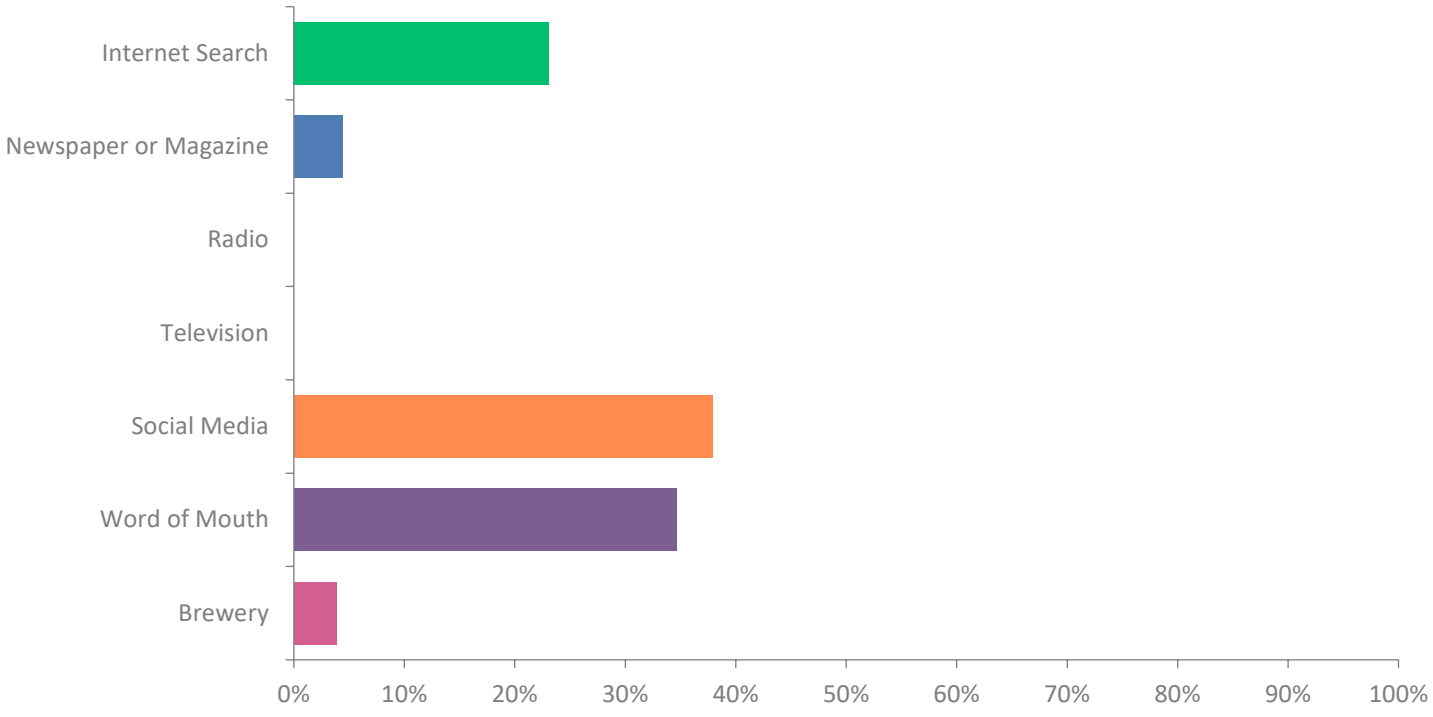
Answered: 89 Skipped: 98



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?

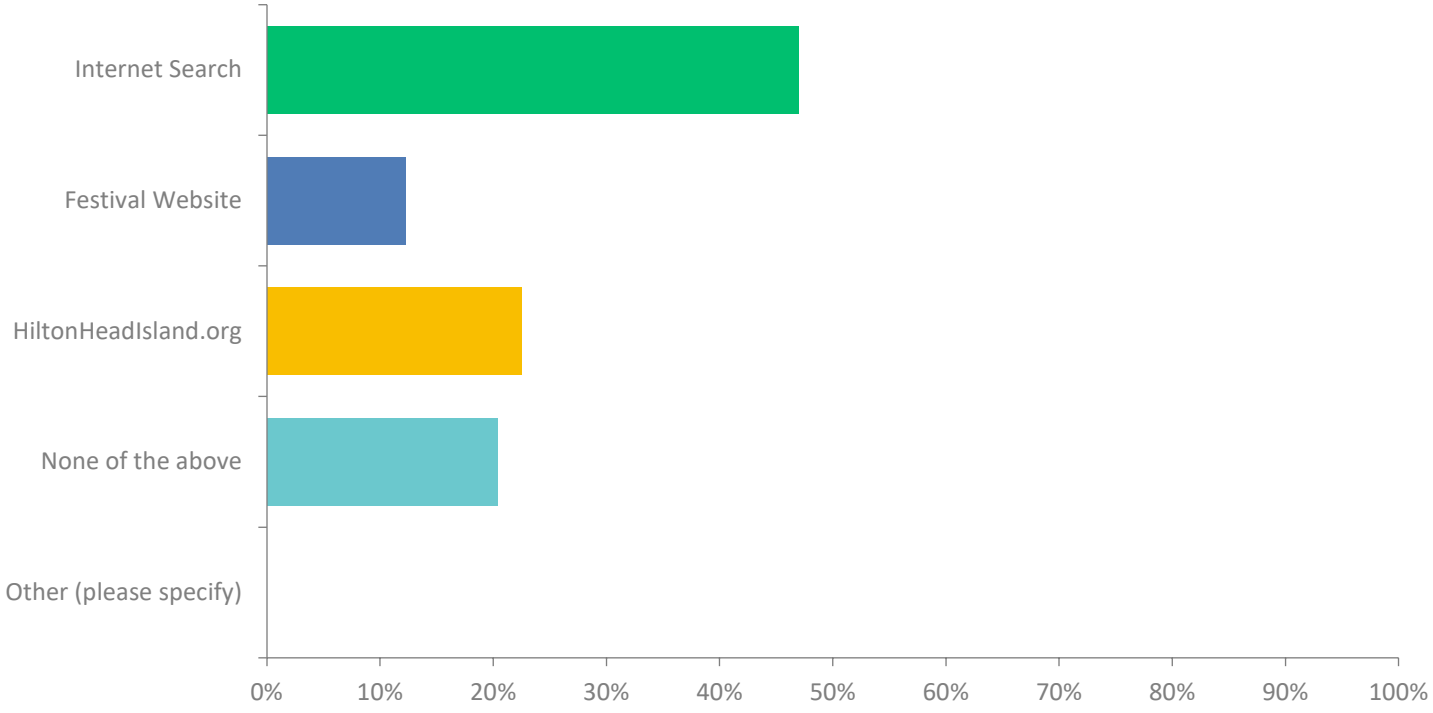
Answered: 182 Skipped: 5



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?

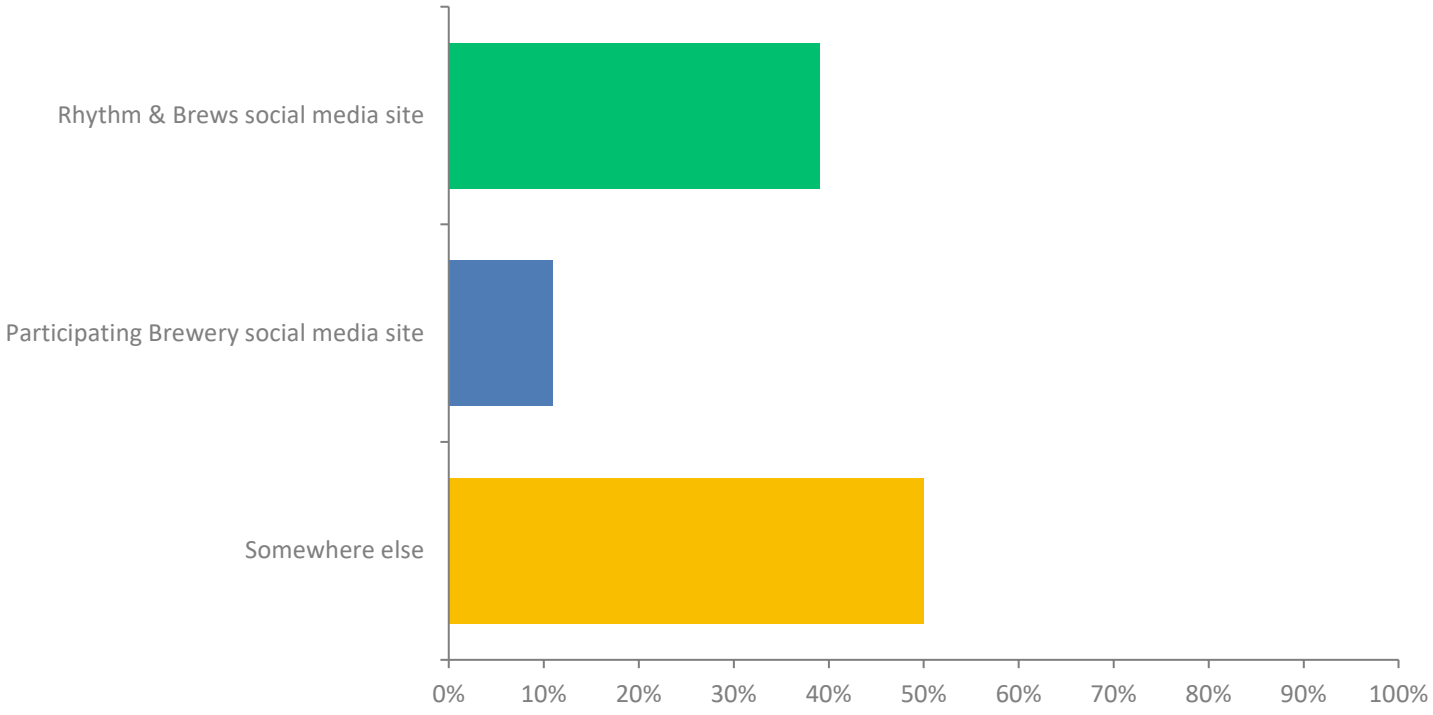
Answered: 49 Skipped: 138



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?

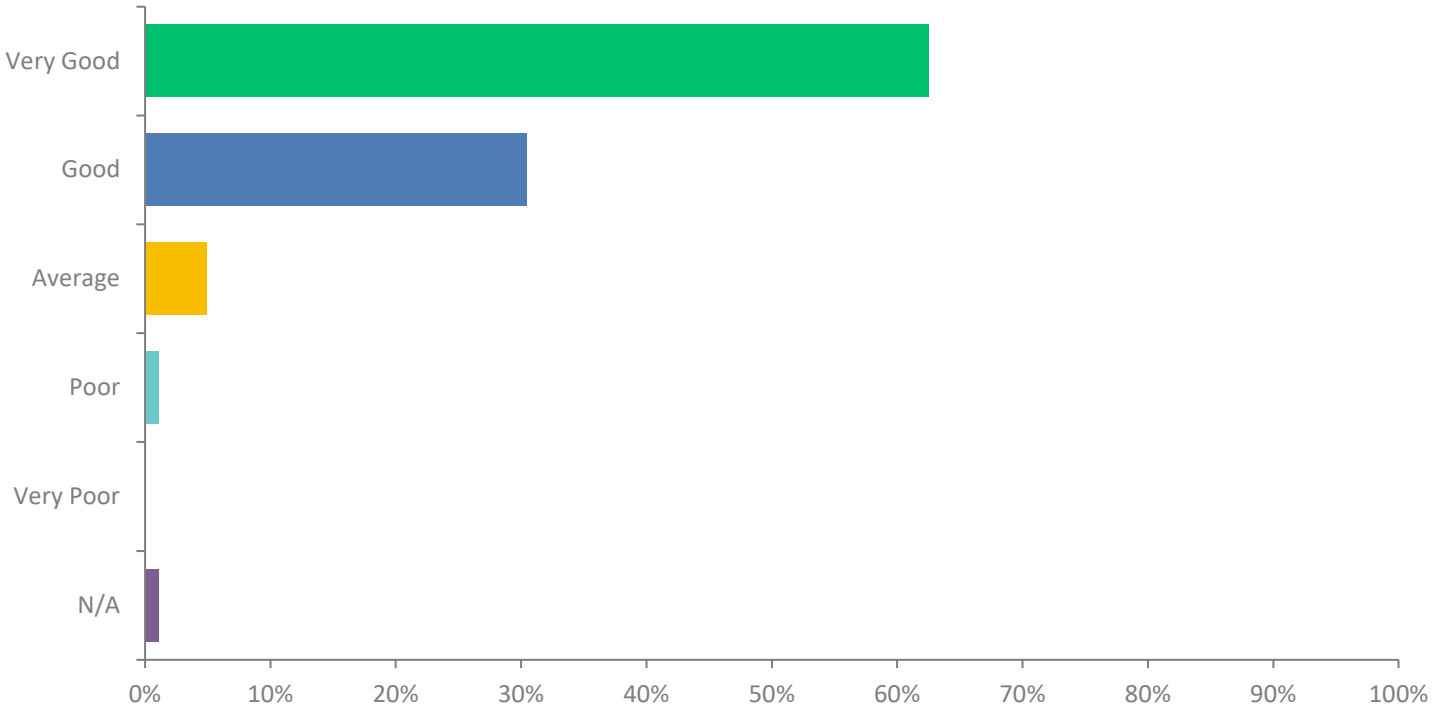
Answered: 64 Skipped: 123



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?

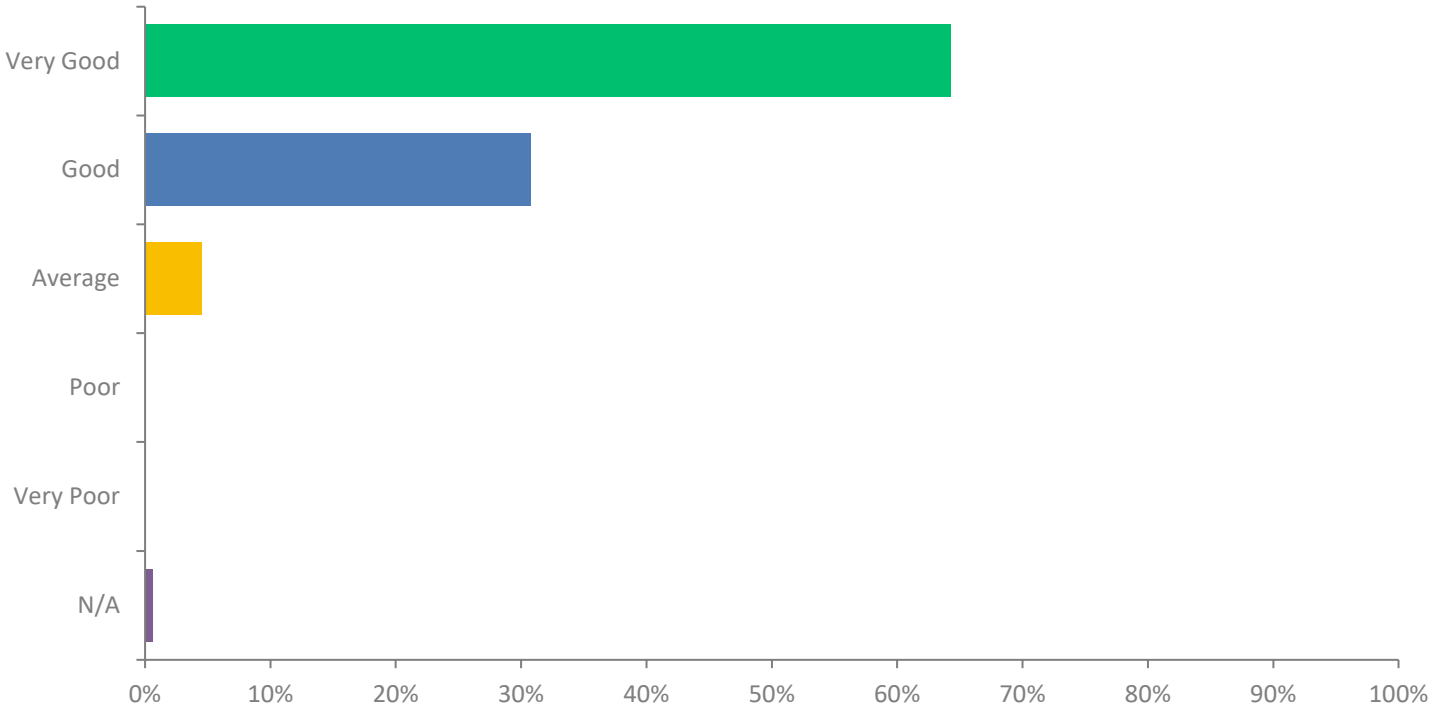
Answered: 184 Skipped: 3



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			184

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

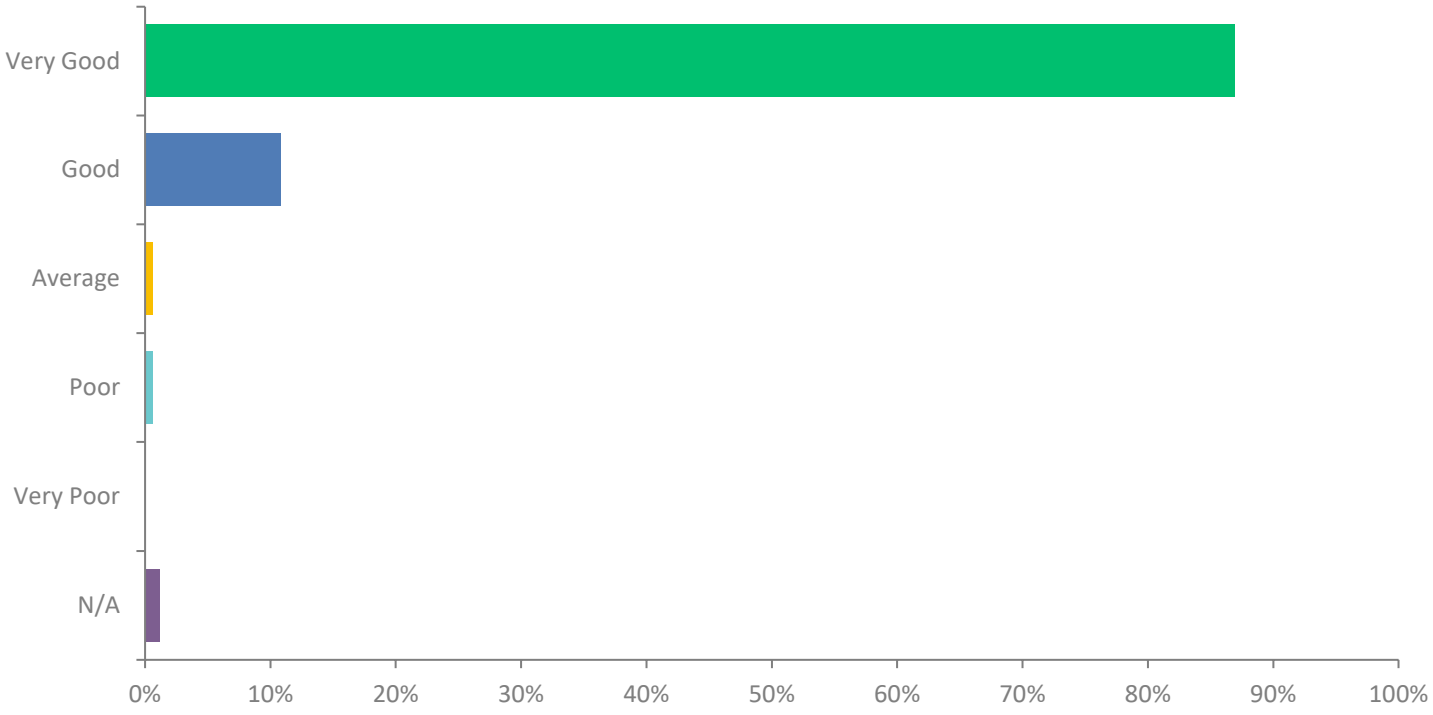
Answered: 179 Skipped: 8



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?

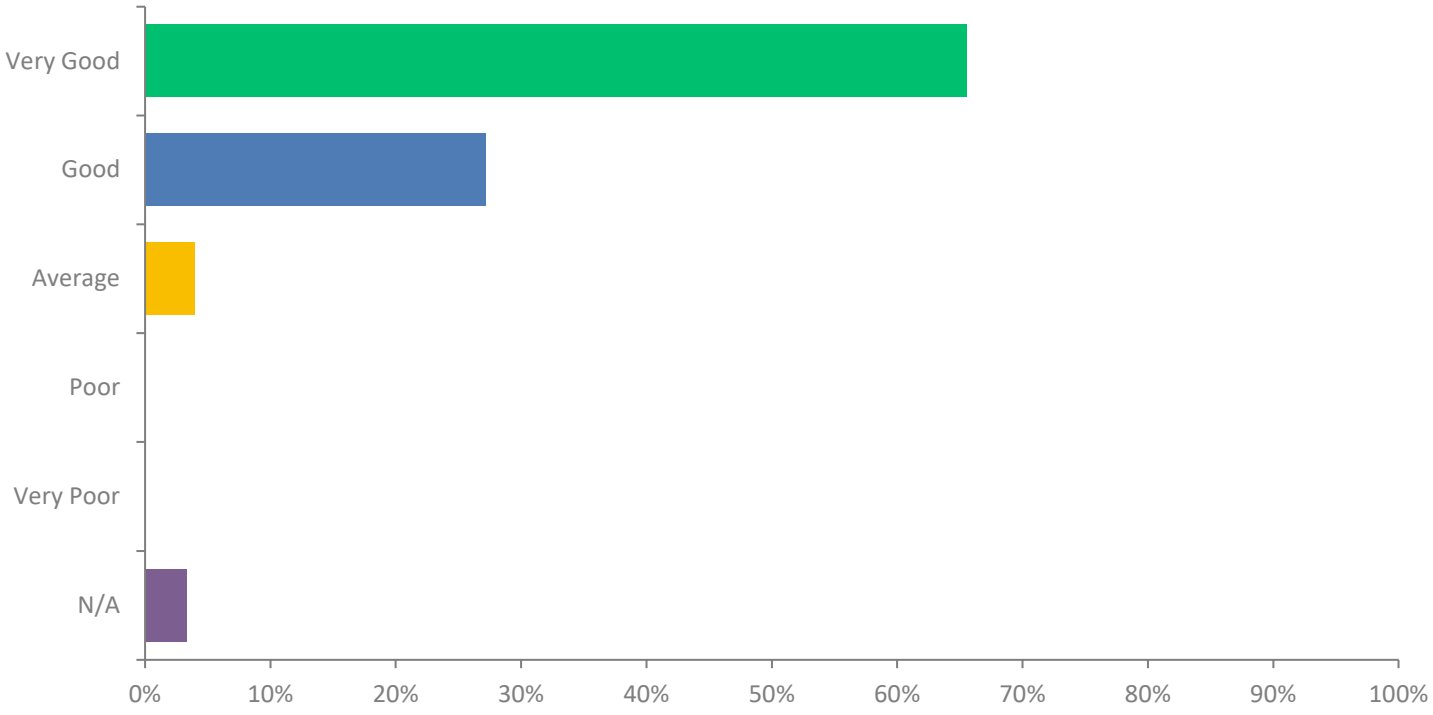
Answered: 176 Skipped: 11



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?

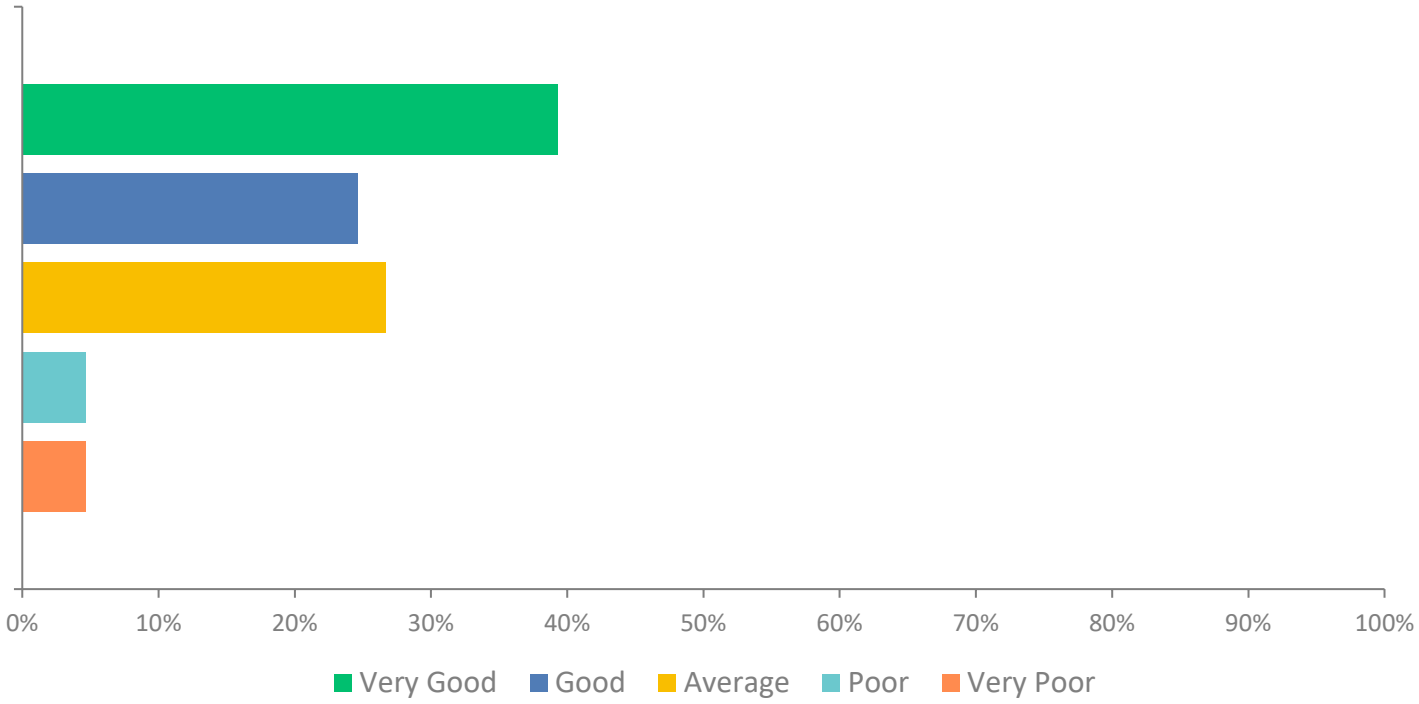
Answered: 151 Skipped: 36



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?

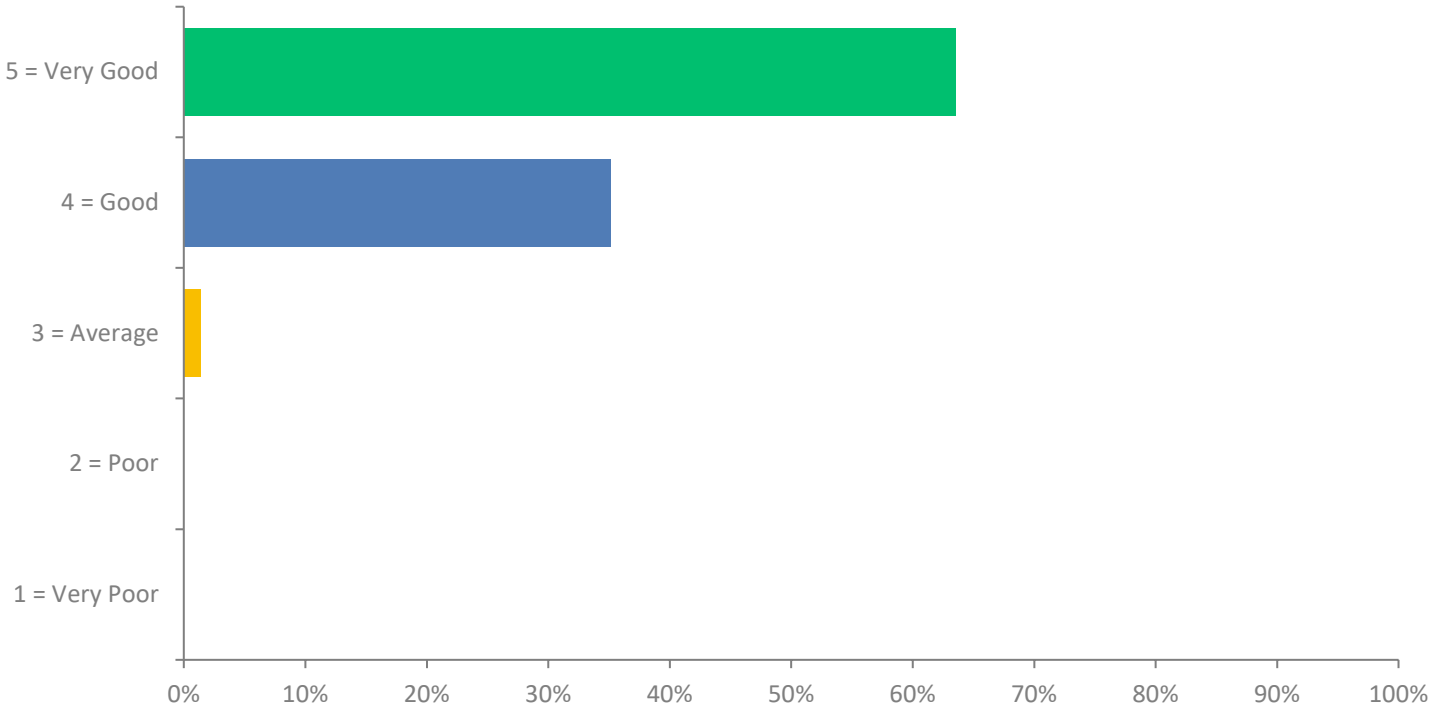
Answered: 150 Skipped: 37



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?

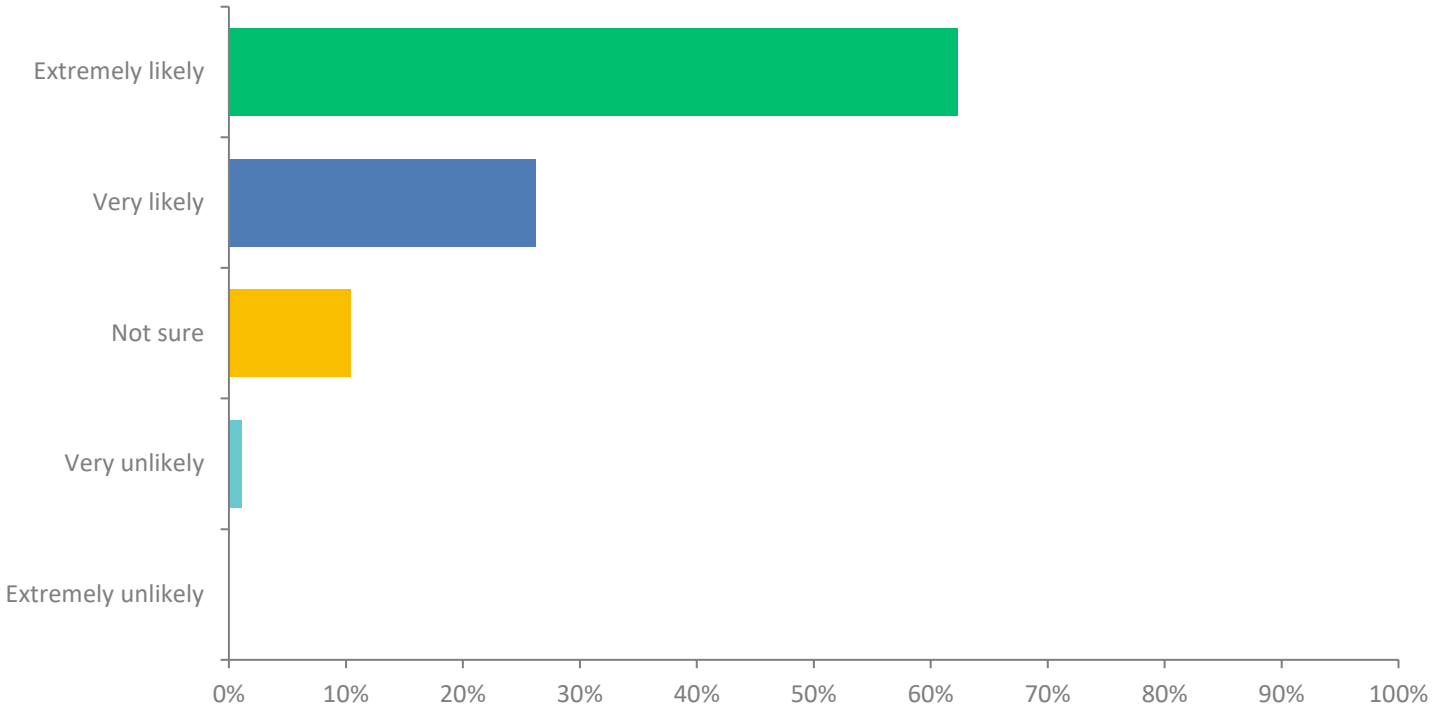
Answered: 148 Skipped: 39



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?

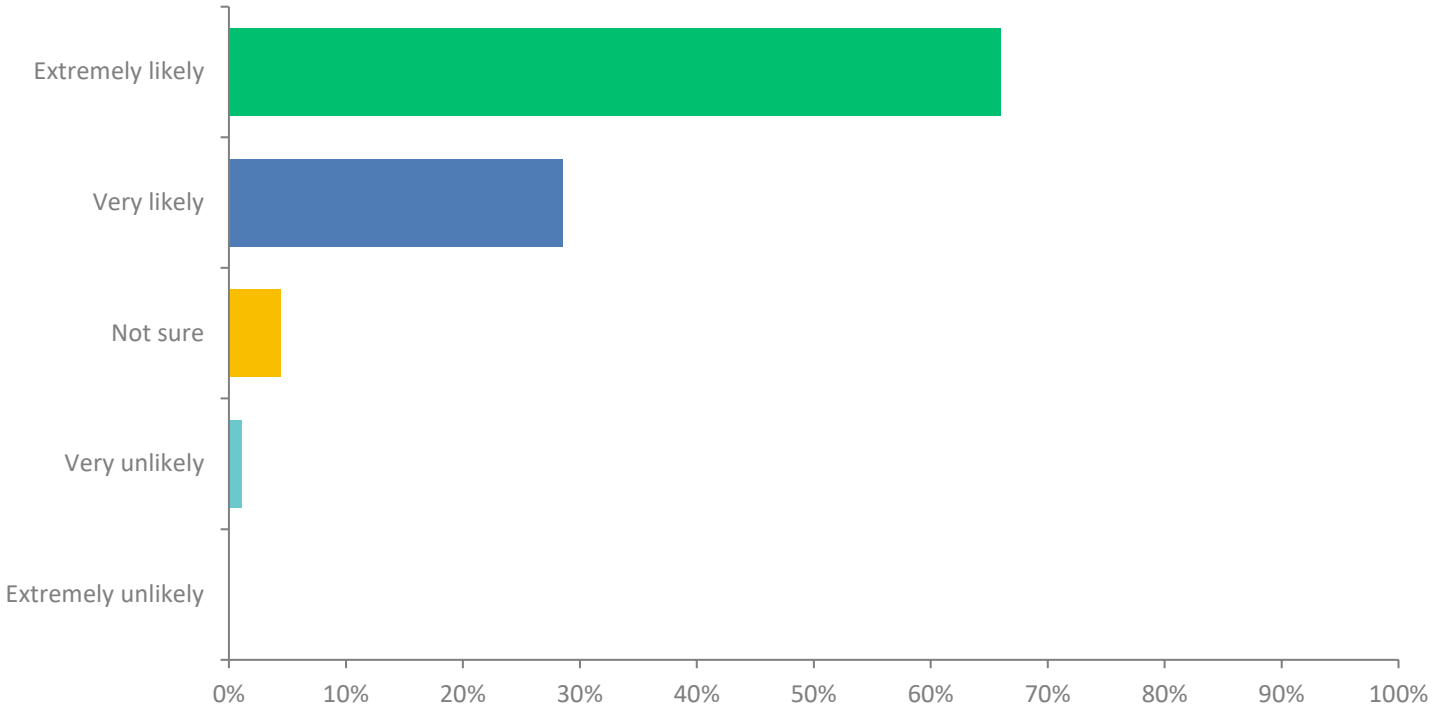
Answered: 183 Skipped: 4



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

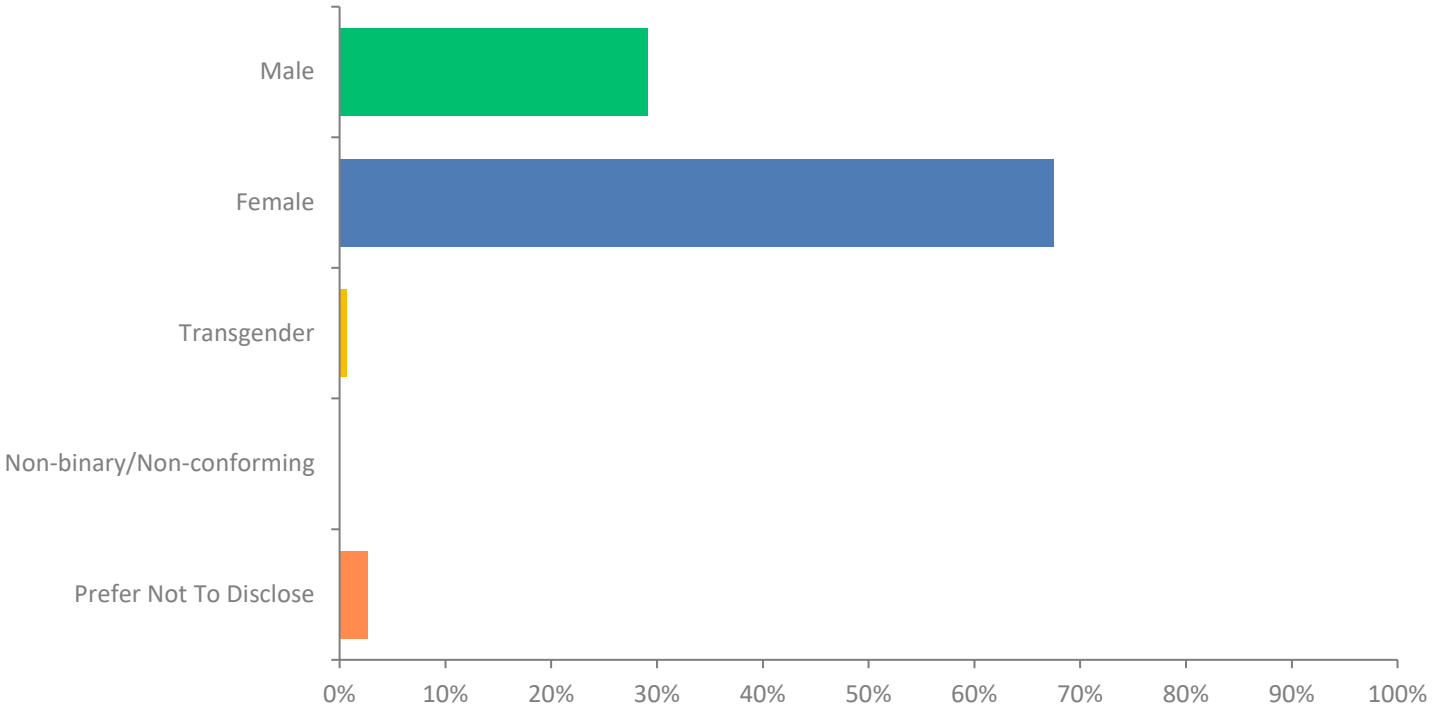


ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
Extremely likely	65.93%	64.17%	120
Very likely	28.57%	27.81%	52
Not sure	4.40%	4.28%	8
Very unlikely	1.10%	1.07%	2
Extremely unlikely	0.00%	0.00%	0
TOTAL			182

Demographics

Q28: How do you identify?

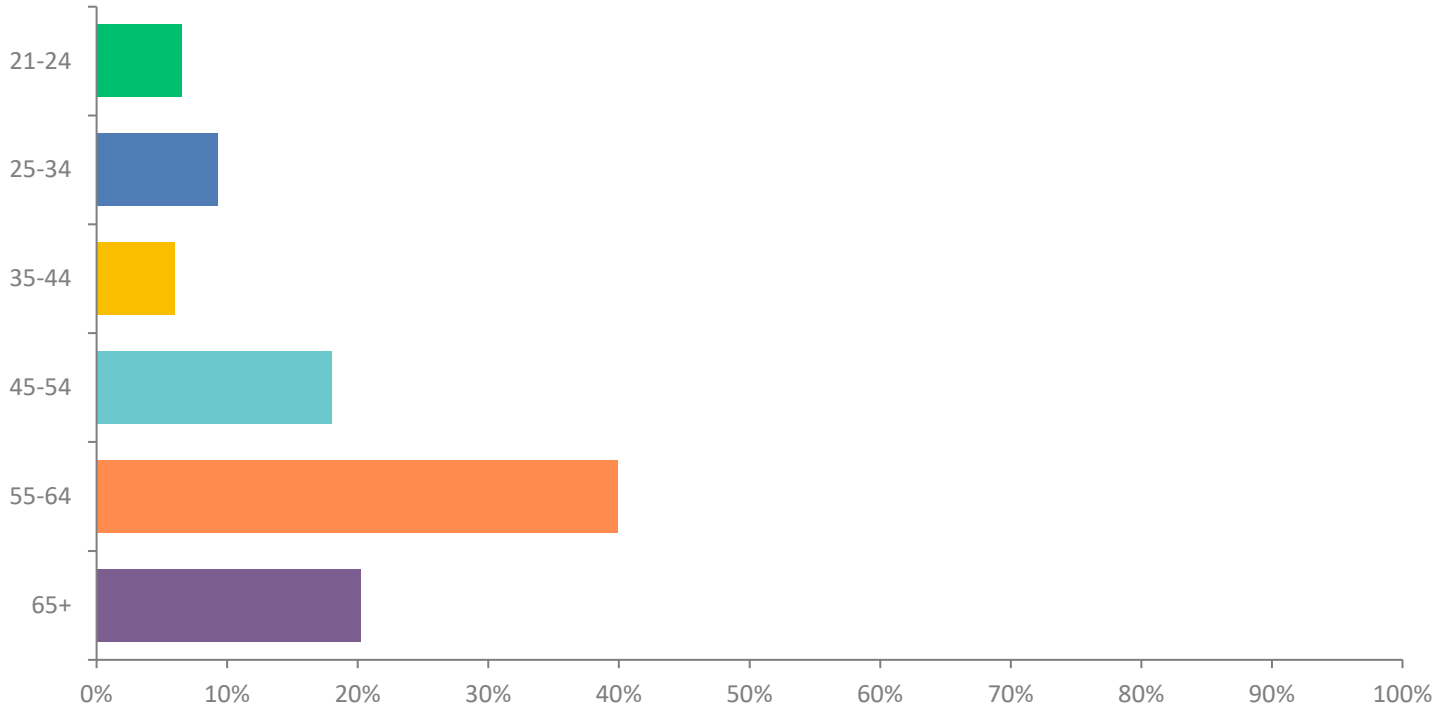
Answered: 151 Skipped: 36



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.

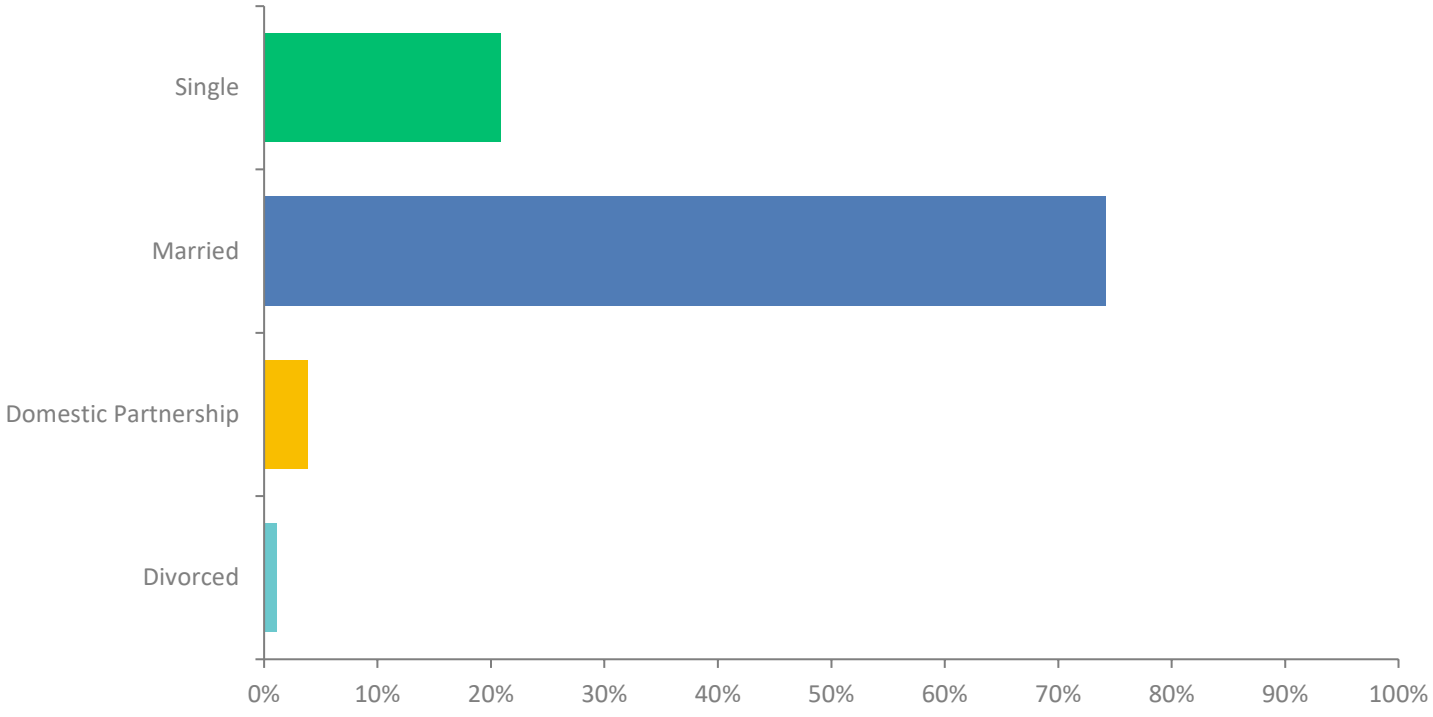
Answered: 183 Skipped: 4



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.

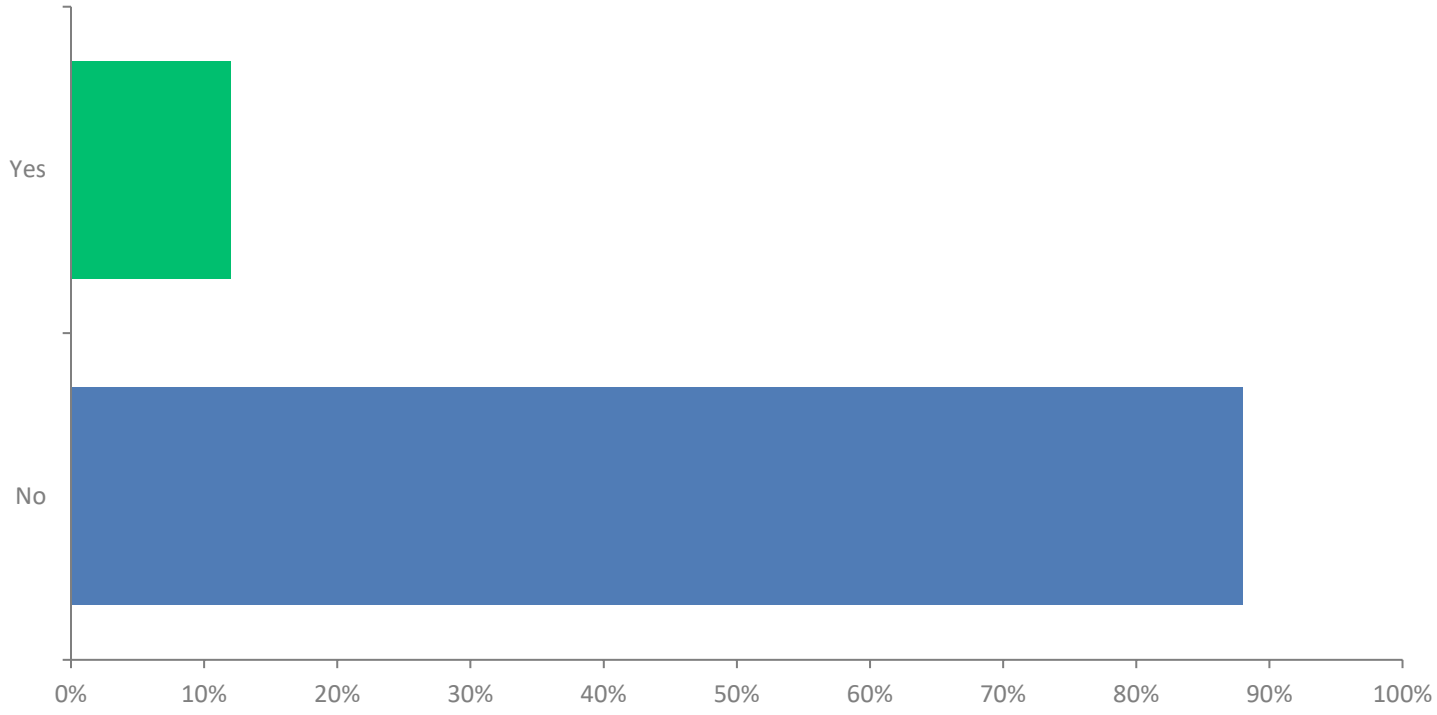
Answered: 182 Skipped: 5



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?

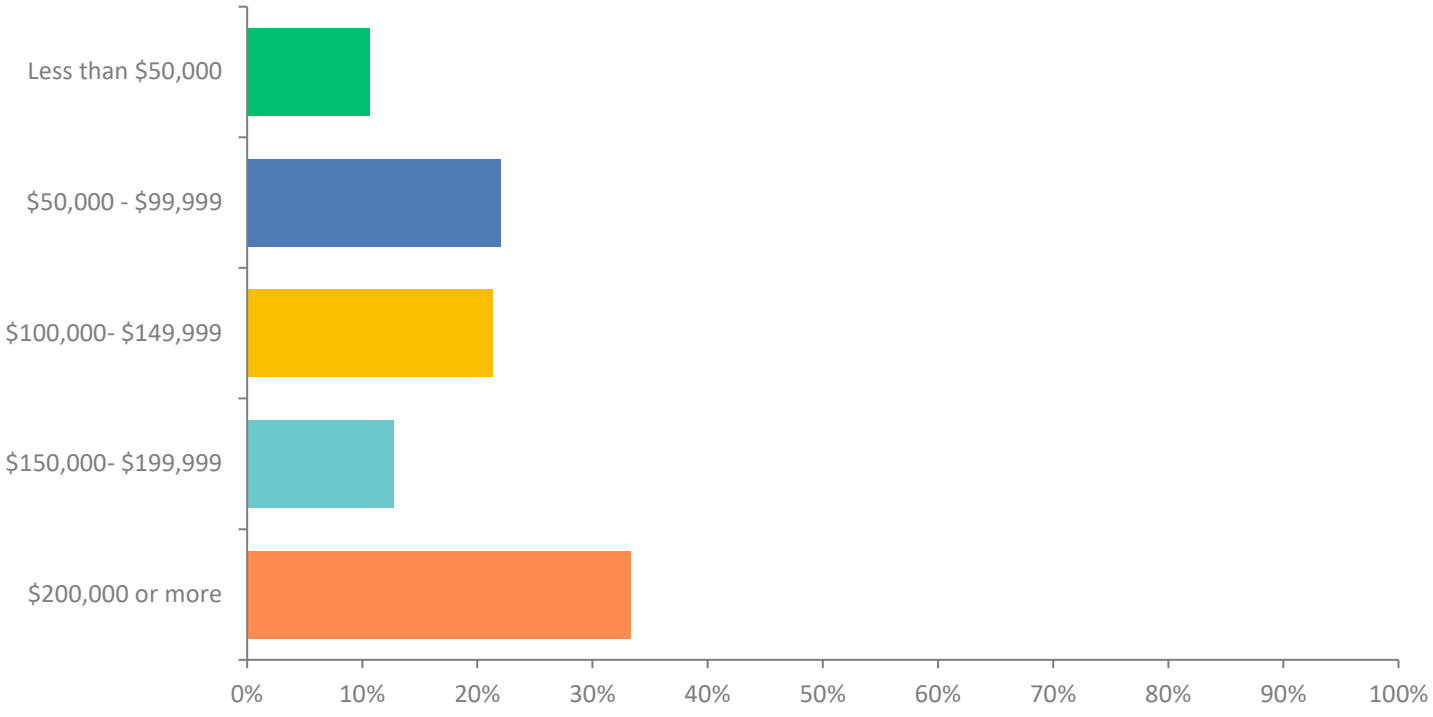
Answered: 183 Skipped: 4



ANSWER CHOICES	RESPONSES	RESPONSES WITH SKIPS INCLUDED	RESPONSES
Yes	12.02%	11.76%	22
No	87.98%	86.10%	161
TOTAL			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!

USCB | 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.
    c. 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
    i. 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 27th)**
    a. 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. Royal 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: https://iamkayleerose.my.canva.site/
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 21st.
c. She sent me an email on August 1st saying she had received my email and would respond to it after she returned from vacation on August 12th.

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 & Music Working Budget for 2026		ATAX Qualified	Amount Reimbursible			
Revenue		Budget					
	Craft Beer VIP				250	$75	$18,750
	Craft Beer GA				500	$49	$24,500
	Music Only				100	$20	$2,000
	DD Tickets				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	$6,500			Money will get moved to categories selling the most tickets /$ 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 Expenses							
	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
Other 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	27,745.00
4608 · Public Tasting	122,605.00
4611 · Other Events	
4611.11 · Sip & Stroll	18,338.00
4611.12 · Stay Gold	27,170.00
4611.22 · Craft Beer Event	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	7,915.14
4619 · Retail Vendor Booths	500.00
4640 · Sponsorship	57,650.00
4655 · Grants	
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	
6603 · Professional Firm	450.00
6604 · Hired Bloggers, Writers, Etc.	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	
6611 · Print, News Papers	7,559.00
6613 · Digital	6,831.55
6615 · Radio	3,550.00
6616 · Contextual / Re-Direct	1,322.77
6617 · Social Media	27,611.35
6618 · Email	8,807.25
6619 · Other Advertising	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

		Jul '24 - Jun 25
6630 · Wine & Food Fest Expenses		
6631 · Ticketing Fees		12,243.29
6632 · Logistics		23,057.06
6634 · Trash & Recycling		5,259.18
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		1,050.00
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		
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		
6654.01 · Stay Gold Event 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
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	42,250.06	
1021 · South Bank - Operating A/C	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		301,697.30
Net Income		-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

	Jul '23 - Jun 24
Income	
4100 · Programs and Festivals	
4600 · WineFestival Income	
4605 · Intrn'l Wine Judging Entries	12,920.00
4606 · Admissions	
4606.1 · 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
4611.22 · 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	
462001 · Sales at Retail Tent	480.00
4619 · Retail Vendor Booths - Other	1,250.00
Total 4619 · Retail Vendor Booths	1,730.00
4640 · Sponsorship	70,500.00
4655 · Grants	
4656 · Town of HHI ATAX	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
6606.5 · Direct Administrative Expense	
6607 · Festival Director	48,000.00
Total 6606.5 · Direct Administrative Expense	48,000.00
6609 · Grand Tasting Expense	19,028.50

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	
6653 · Survey	1,500.00	
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	
6659 · Security	1,511.62	
6660 · Retail Tent Expenses		
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	
6679 · Enofile Expenses	1,405.00	
6680 · Office Expenses	522.15	
6681 · Other Event Expenses	22,895.27	
Total 6630 · Wine & Food Fest Expenses		184,691.07
6666 · Judging Expenses		6,711.63
Total 6600 · WineFestival Production Costs		431,526.41
6682 · Bank & Credit Card Fees		5,225.49
6683 · Special Events Expense		
6654.01 · Stay Gold Event Expense		10,220.88
6683 · Special Events Expense - Other		4,050.58
Total 6683 · Special Events Expense		14,271.46

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	52,250.06	
1021 · South Bank - Operating A/C	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		276,044.96
Net Income		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	
4606.1 · Uncorked	2,668.02
4607 · Grand Tasting	23,370.04
4608 · Public Tasting	123,527.51
4611 · Other Events	
4611.11 · Sip & Stroll	18,158.55
4611.22 · Craft Beer Event	13,628.42
Total 4611 · Other Events	31,786.97
4612 · Unassigned Receipts	487.79
Total 4606 · Admissions	181,840.33
Total 4600 · WineFestival Income	196,560.33
4615 · Grand Tasting Auction	6,317.02
4616 · Public Tasting Auction	4,374.00
4617 · Wine Vendor Booths	8,600.00
4618 · Food Vendor Booths	500.00
4619 · Retail Vendor Booths	500.00
4640 · Sponsorship	68,850.00
4655 · Grants	
4656 · Town of HHI ATAX	136,631.39
4657 · Beaufort County ATAX	10,000.00
4658 · SCPRT	5,505.00
Total 4655 · Grants	152,136.39
Total 4100 · Programs and Festivals	437,837.74
4611.08 · Stay Gold Event	23,201.19
4800 · Miscellaneous Income	-6,237.46
Total Income	454,801.47
Expense	
6100 · Program and Festivals Expense	
6500 · Scholarship Expense	19,651.00
6600 · WineFestival Production Costs	
6602 · Marketing & PR	
6606 · Other Marketing & PR	24,000.00
Total 6602 · Marketing & PR	24,000.00
6606.5 · Direct Administrative Expense	
6607 · Festival Director	48,000.00
6608 · Other Direct Administrative	2,200.00
Total 6606.5 · Direct Administrative Expense	50,200.00
6609 · Grand Tasting Expense	17,769.04
6610 · Advertising - ATAX Elgible	
6611 · Print, News Papers	10,449.00
6613 · Digital	27,193.72
6614 · Television	2,796.17
6615 · Radio	4,459.52
6617 · Social Media	32,033.94
6618 · Email	13,966.91
6619 · Other Advertising	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	6,136.85	
6683 · Special Events Expense		
Rhytm & Brews	3,500.00	
6654.01 · Stay Gold Event Expense	14,644.62	
6683 · Special Events Expense - Other	1,250.00	
Total 6683 · Special Events Expense	19,394.62	
6684 · Equipment	50.85	
6685 · Insurance	8,027.00	
6686 · Postage	293.20	
6688 · Professional Fees - Accounting	750.00	
6691 · Supplies & Misc. Expense	14,069.73	
6693 · Website Maintenance	1,361.58	
6697 · Office & Storage Facility Rent	12,775.00	
Total 6100 · Program and Festivals Expense	437,523.24	

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	42,250.06	
1021 · South Bank - Operating A/C	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		258,766.75
Net Income		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, GA 30365

DEPARTMENT OF THE TREASURY

DEC 28 1995

Date:

HILTON HEAD HOSPITALITY ASSOCIATION INC
C/O JANICE L LEWIS
PO BOX 5097
HILTON HEAD ISLAND, SC 29938-5097

Employer Identification Number:
57-0793565
Case Number:
595080027
Contact Person:
ARIEANE H. BARRS
Contact Telephone Number:
(404) 331-0930

Internal Revenue Code
Section 501(c)(6)
Accounting Period Ending:
December 31
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 501(a) of the Internal Revenue Code as an organization described in the section 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 are also liable for tax under the Federal Unemployment Tax Act for each employee to whom you pay $50 or more during a calendar quarter if, during the current or preceding calendar year, you had one or more employees at any time in each of 20 calendar weeks or you paid wages of $1,500 or more in any calendar 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 bylaws, please send us a copy of the amended document or bylaws. 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 attach the label provided, check the box in the heading to indicate that your annual 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

Form **990**

Return of Organization Exempt From Income Tax

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

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning Jul 1 , 2023, and ending Jun 30 , 2024

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

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

D Employer identification number: 57-0798565

E Telephone number: (843) 301-9256

G Gross receipts $ 503,557.

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

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

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

J Website: www.hiltonheadhospitalityassociation.com

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1995

M State of legal domicile: SC

Part I Summary

1	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.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	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.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	454,801.	503,557.
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)	276,045.	277,468.
21	Total liabilities (Part X, line 26)		
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.

Sign Here

Signature of officer — Date

JEFF GERBER, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
HUBERT L BERNHEIM		12/06/2024		P01284405

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

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

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

TO PROMOTE THE HILTON HEAD ISLAND, SC HOSPITALITY INDUSTRY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 486,502. including grants of $ 11,000.) (Revenue $ 503,557.)

PRODUCTION OF WINE AND FOOD FESTIVAL

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

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

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

4e Total program service expenses 486,502.

Part IV Checklist of Required Schedules

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		×
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		×
b	If "Yes," enter the name of the foreign country ---------- 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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		×
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		17		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	9		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .		3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		×
5	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:				
a	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		×

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed SC

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

JEFF GERBER, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938 (843)686-4944

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES HILL PRESIDENT & DIRECTOR	5.00	×		×						
(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) ROBERT HOHMAN DIRECTOR EMERITUS	2.00	×								
(8) HEATHER MASTROPOLE DIRECTOR	3.00	×								
(9) JEFF GERBER EXECUTIVE DIRECTOR	40.00	×						72,000.		
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b **Subtotal**								72,000.		
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								72,000.		

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

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	363,635.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	139,922.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a–1f	1g	$			
	h	**Total.** Add lines 1a–1f		503,557.			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory 7a					
	b	Less: cost or other basis and sales expenses 7b					
	c	Gain or (loss) 7c					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including $ 363,635. of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	10a				
	b	Less: cost of goods sold	10b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d					
	12	**Total revenue.** See instructions		503,557.			

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management	48,000.	48,000.		
b Legal				
c Accounting	1,000.		1,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	148,295.	148,295.		
13 Office expenses	522.		522.	
14 Information technology				
15 Royalties				
16 Occupancy	12,998.		12,998.	
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	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.)				
a POSTAGE	262.		262.	
b EQUIPMENT	50.		50.	
c WEBSITE MAINTENANCE	800.		800.	
d FESTIVAL PRODUCTION COST	268,844.	268,844.		
e 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 X . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	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	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 658.			
	b	Less: accumulated depreciation — 10b	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)	276,045.	16	277,468.
Liabilities	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	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25		26	
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☐ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ☒ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds	276,045.	31	277,468.
	32	Total net assets or fund balances	276,045.	32	277,468.
	33	Total liabilities and net assets/fund balances	276,045.	33	277,468.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	503,557.
2	Total expenses (must equal Part IX, column (A), line 25)	2	502,134.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,423.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	276,045.
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	277,468.

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 _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	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.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

HILTON HEAD AREA HOSPITALITY ASSOCIATION

Employer identification number

57-0798565

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

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

		(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 held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part 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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	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 on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 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)? ☐ 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 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.

1a 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.

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 research in furtherance of public service, 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 following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %
b Permanent endowment _____ %
c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

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

Part VII Investments—Other Securities

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

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

Part VIII Investments—Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Part XIII Supplemental Information *(continued)*

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

Pt VI, Line 11b: A COPY OF THE FORM 990 IS FURNISHED TO EACH BOARD MEMBER

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

OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE

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

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

FOR VIEWING ON THE WEBSITE OF GUIDESTAR.

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2023

Name of filer
HILTON HEAD AREA HOSPITALITY ASSOCIATION

EIN or SSN
57-0798565

Name and title of officer or person subject to tax
JEFF GERBER, EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

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

1a	**Form 990** check here ☐	b	**Total revenue**, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	**Form 990-EZ** check here ☐	b	**Total revenue**, if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here ☐	b	**Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here ☐	b	**Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here ☒	b	**Balance due** (Form 8868, line 3c)	5b	0.
6a	**Form 990-T** check here ☐	b	**Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here ☐	b	**Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here ☐	b	**FMV of assets at end of tax year** (Form 5227, Item D)	8b	
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	

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (**a**) an acknowledgement of receipt or reason for rejection of the transmission, (**b**) the reason for any delay in processing the return or refund, and (**c**) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 07/23/2024

Part III Certification and Authentication

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

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 12/06/2024

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

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2022

Name of filer
HILTON HEAD AREA HOSPITALITY ASSOCIATION

EIN or SSN
57-0798565

Name and title of officer or person subject to tax
JEFF GERBER, EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

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

1a	**Form 990** check here	☒	**b Total revenue**, if any (Form 990, Part VIII, column (A), line 12)	1b	454,801.
2a	**Form 990-EZ** check here	☐	**b Total revenue**, if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here	☐	**b Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here	☐	**b Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here	☐	**b Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here	☐	**b Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here	☐	**b Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here	☐	**b FMV of assets at end of tax year** (Form 5227, Item D)	8b	
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	

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (**a**) an acknowledgement of receipt or reason for rejection of the transmission, (**b**) the reason for any delay in processing the return or refund, and (**c**) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 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 X _____ Date X _____

Part III Certification and Authentication

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

5 7 0 4 1 2 5 1 3 5 5
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature _____ Date 09/22/2023

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

Form **990**

Return of Organization Exempt From Income Tax

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

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning Jul 1 , 2022, and ending Jun 30 , 2023

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

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

D Employer identification number: 57-0798565

E Telephone number: (843) 441-9633

G Gross receipts $ 454,801.

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

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

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

J Website: www.hiltonheadhospitalityassociation.com

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1995

M State of legal domicile: SC

Part I Summary

1	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.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	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)	640,684.	454,801.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	640,684.	454,801.
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)		
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)	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.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	258,767.	276,045.
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.

Sign Here

Signature of officer — Date

JEFF GERBER, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
HUBERT L BERNHEIM		09/22/2023		P01284405

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROMOTE THE HILTON HEAD ISLAND, SC HOSPITALITY INDUSTRY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 421,281. including grants of $ 19,651.) (Revenue $ 454,801.)

PRODUCTION OF WINE AND FOOD FESTIVAL

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

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

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

4e Total program service expenses 421,281.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ---------- See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	9		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .		3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		×
5	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:				
a	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		×

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed SC

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938 (843)686-4944

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT ENTRUP PRESIDENT & DIRECTOR	5.00	×		×						
(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)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b **Subtotal**								48,000.		
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								48,000.		

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

			Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	302,665.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	152,136.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a–1f	1g $				
	h	**Total.** Add lines 1a–1f		454,801.			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory 7a					
	b	Less: cost or other basis and sales expenses 7b					
	c	Gain or (loss) 7c					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including $ 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					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d	All other revenue		0.	0.	0.	0.
	e	**Total.** Add lines 11a–11d		0.			
	12	**Total revenue.** See instructions		454,801.	0.	0.	0.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management	48,000.	48,000.		
b Legal				
c Accounting	750.		750.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	143,693.	143,693.		
13 Office expenses	1,011.		1,011.	
14 Information technology				
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				
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.)				
a POSTAGE	293.		293.	
b EQUIPMENT	51.		51.	
c WEBSITE MAINTENANCE	1,362.		1,362.	
d FESTIVAL PRODUCTION COST	201,910.	201,910.		
e 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

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		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)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 658.			
	b	Less: accumulated depreciation	10b	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.
Liabilities	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	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25			26	
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☐ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions			27	
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ☒ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds		258,767.	31	276,045.
	32	Total net assets or fund balances		258,767.	32	276,045.
	33	Total liabilities and net assets/fund balances		258,767.	33	276,045.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	454,801.
2	Total expenses (must equal Part IX, column (A), line 25)	2	437,523.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,278.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	258,767.
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	276,045.

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 _____ 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	3b		

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

HILTON HEAD AREA HOSPITALITY ASSOCIATION

Employer identification number

57-0798565

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

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

		(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 held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part 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)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 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
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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 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.

1a 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.

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 research in furtherance of public service, 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 following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %
b Permanent endowment _____ %
c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

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

Part VII **Investments—Other Securities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

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

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

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

Part XIII Supplemental Information *(continued)*

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

HILTON HEAD AREA HOSPITALITY ASSOCIATION

Employer identification number

57-0798565

Pt VI, Line 11b: A COPY OF THE FORM 990 IS FURNISHED TO EACH BOARD MEMBER

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**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2021

Name of filer
HILTON HEAD AREA HOSPITALITY ASSOCIATION

EIN or SSN
57-0798565

Name and title of officer or person subject to tax
JEFF GERBER, EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

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

1a	**Form 990** check here ▶ ☐	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	**Form 990-EZ** check here ▶ ☐	b	**Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here ▶ ☐	b	**Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here ▶ ☐	b	**Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here ▶ ☒	b	**Balance due** (Form 8868, line 3c)	5b	0.
6a	**Form 990-T** check here ▶ ☐	b	**Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here ▶ ☐	b	**Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here ▶ ☐	b	**FMV of assets at end of tax year** (Form 5227, Item D)	8b	
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	

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

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

PIN: check one box only

☒ I authorize HUBERT L. BERNHEIM, CPA (ERO firm name) to enter my PIN 5 1 3 5 5 as my signature

Enter five numbers, but do not enter all zeros

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

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

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

Part III Certification and Authentication

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

Do not enter all zeros

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

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

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

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

D Employer identification number: 57-0798565

E Telephone number: (843) 441-9633

G Gross receipts $ 640,684.

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

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

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

J Website: ► www.hiltonheadhospitalityassociation.com

H(c) Group exemption number ►

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of formation: 1995

M State of legal domicile: SC

Part I Summary

1 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.

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	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)	133,628.	640,684.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	133,628.	640,684.
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,000.	6,000.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
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)	111,564.	525,412.
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	115,564.	531,412.
19	Revenue less expenses. Subtract line 18 from line 12	18,064.	109,272.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	149,495.	258,767.
21	Total liabilities (Part X, line 26)	0.	
22	Net assets or fund balances. Subtract line 21 from line 20	149,495.	258,767.

Part II Signature Block

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

Sign Here

Signature of officer — Date

JEFF GERBER, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
HUBERT L BERNHEIM		09/16/2022		P01284405

Firm's name ► HUBERT L. BERNHEIM, CPA — Firm's EIN ► 36-2750133

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROMOTE THE HILTON HEAD ISLAND, SC HOSPITALITY INDUSTRY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 514,523. including grants of $ 6,000.) (Revenue $)

PRODUCTION OF WINE AND FOOD FESTIVAL

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

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

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

4e Total program service expenses ▶ 514,523.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		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		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ ..... See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		15		
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		
	If "Yes," complete Form 4720, Schedule O.				
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.				

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	10		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3			×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			×
5	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:				
a	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			×

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ SC

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938 (843)686-4944

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT ENTRUP PRESIDENT & DIRECTOR	8.00	×		×						
(2) SARAH MORGOT SECRETARY & DIRECTOR	4.00	×		×						
(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)										

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

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

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

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* 3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* 4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* 5		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	119,240.	1	229,637.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	30,255.	4	28,472.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 658.			
	b	Less: accumulated depreciation — 10b		10c	658.
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	149,495.	16	258,767.
Liabilities	17	Accounts payable and accrued expenses	0.	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	0.	26	
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☒ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds	149,495.	31	258,767.
	32	Total net assets or fund balances	149,495.	32	258,767.
	33	Total liabilities and net assets/fund balances	149,495.	33	258,767.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	640,684.
2	Total expenses (must equal Part IX, column (A), line 25)	2	531,412.
3	Revenue less expenses. Subtract line 2 from line 1	3	109,272.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	149,495.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	258,767.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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		

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

		(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 held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part 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)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ---

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ ---

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 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.

1a 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.

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 research in furtherance of public service, 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 following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ---
b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

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

Part VII **Investments—Other Securities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

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

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

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

Part XIII Supplemental Information *(continued)*

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

Pt VI, Line 11b: A COPY OF THE FORM 990 IS FURNISHED TO EACH BOARD MEMBER

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

OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE

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

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

FOR VIEWING ON THE WEBSITE OF GUIDESTAR.

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No. 1545-0047

2020

Name of exempt organization or person subject to tax

HILTON HEAD AREA HOSPITALITY ASSOCIATION

Taxpayer identification number

57-0798565

Name and title of officer or person subject to tax

SCOTT ENTRUP, PRESIDENT

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

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

1a Form 990 check here ► ☒	b **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	133,628.
2a Form 990-EZ check here ► ☐	b **Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ► ☐	b **Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ► ☐	b **Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ► ☐	b **Balance due** (Form 8868, line 3c)	**5b**	
6a Form 990-T check here ► ☐	b **Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a Form 4720 check here ► ☐	b **Total tax** (Form 4720, Part III, line 1)	**7b**	

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

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

PIN: check one box only

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

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

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

Signature of officer or person subject to tax ► X Scott Entrup Date ► X 11.03.2021

Part III Certification and Authentication

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

5 7 0 4 1 2 5 1 3 5 5
Do not enter all zeros

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

ERO's signature ► _____ Date ► 11/02/2021

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

Form **990**

Return of Organization Exempt From Income Tax

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

► 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.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

D Employer identification number: 57-0798565

E Telephone number: (843) 686-4944

G Gross receipts $ 133,628.

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

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number ►

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

J Website: ► www.hiltonheadhospitalityassociation.com

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of formation: 1995

M State of legal domicile: SC

Part I Summary

1	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.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	150
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		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)		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	352,326.	133,628.
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	28,000.	4,000.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 0.		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	326,663.	111,564.
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	354,663.	115,564.
19	Revenue less expenses. Subtract line 18 from line 12	-2,337.	18,064.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	131,931.	149,495.
21	Total liabilities (Part X, line 26)	500.	0.
22	Net assets or fund balances. Subtract line 21 from line 20	131,431.	149,495.

Part II Signature Block

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

Sign Here

Signature of officer — Date: 11/04/2021

SCOTT ENTRUP, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
HUBERT L BERNHEIM		11/04/2021		P01284405

Firm's name ► HUBERT L. BERNHEIM, CPA — Firm's EIN ► 36-2750133

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROMOTE THE HILTON HEAD ISLAND, SC HOSPITALITY INDUSTRY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ including grants of $) (Revenue $)

PRODUCTION OF WINE AND FOOD FESTIVAL

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

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

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

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		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		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ ---------- See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . .	1a	10		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3			×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			×
5	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:				
a	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			×

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ SC

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938 (843)686-4944

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

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

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

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

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

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

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

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

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

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

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

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	133,628.
2	Total expenses (must equal Part IX, column (A), line 25)	2	115,564.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,064.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	131,431.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	149,495.

Part XII Financial Statements and Reporting

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

HILTON HEAD AREA HOSPITALITY ASSOCIATION

Employer identification number

57-0798565

Pt VI, Line 11b: A COPY OF THE FORM 990 IS FURNISHED TO EACH BOARD MEMBER

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.