2026

Accommodations Tax Funds Request Application

Organization Name: Hilton Head Island Wine and Food Inc

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

Executive Summary

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

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

We saw an increase in attendees this year of about 9 percent after we saw a drop last year while hosting the event over the Easter weekend. We also saw the overall percentage of visitors increase back up to 70% this year after being lower last year. This is close to our recent historical norm which has been in the 66-68% range for years. So we are happy to report that we are bringing more high quality tourists to the island to support our local economy.

We were targeting women with household incomes > \$200k with interests in home decor, wine, food and travel.

Key Demographics we attracted:

Female - 72% Male - 27%

77% are 40 years of age or older

82% have no children living at home

69% have a 4-year degree or higher and it moves to 78% with associates degree

Household income - 24% > \$200,000, 70% > \$100,000 or retired

70% from 50 miles away or further

Total marketing budget vs. actual – \$130,000 vs. \$144,600

Results - Total Impressions over 12M

Marketing & PR:

The plan – Work with media outlets in local and drive markets for earned media

Budget vs. actual - \$30,000 vs. \$34,700

Results –Saw well over \$20,000 in free media and over 1,000,000 impressions. We also were able to trade tickets for additional placements. We also branched into Influencers this year and spent \$9700 here.

Results - from most of the influencers we saw 267k impressions and did see ticket sales come from some of them directly.

From Kaylee Rose we saw over 4m impressions, 100k likes and over 5k comments.

Print:

The plan – We have cut back on our print marketing because it is harder to track results and evaluate effectiveness. tNow we just use - Southern Living because it covers the South and part of the Atlantic coastal regions. And The State (in Columbia) and the Island Packet. Which are key marketing areas for us. Then we used Local Life because they not only reach the local market but also have many followers who own a second residence in the area.

Budget vs. actual - \$10,000 vs. \$12,900

Results – 1.4M Print Impressions (not including earned)

Digital:

The plan for digital – Focus on drive markets w/ focus on Charlotte, Rock Hill, Columbia, Savannah, Atlanta, Augusta and northern Florida. Target women with interests in home decor, food, wine and travel.

Budget vs. actual - \$20,000 vs. \$16,600

Results - 2.56M views

Social Media:

Social media plan – 2x/week during the off season and 5x/week starting 3 months out. Focus on selling tickets, especially for new events. This is also supplemented by ad buys on Facebook and Instagram.

Results – We felt this was our strongest area. We ran many ticket sales posts and saw immediate results after many of those. We saw over 450k impressions on our social media sites and an additional 511k impressions for ad buys on Google and Meta platforms. We saw many tickets sold through social media ad buys.

Budget vs. actual - \$30,000 vs. \$31,400

Radio:

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

Budget vs. actual - \$5,000 vs. \$2,000

Results – Provided a local voice, but we also received 3-4x number of spots paid for and a couple free on-air promotions. 100k unique listeners.

Fly Market:

The plan – Target markets suggested by Sav-HHI airport. This was executed with HHI Chamber. Targeted Boston, Philly, Cleveland, Chicago and DC. With the delay in approving the Chamber's additional funds we did not implement this on scale as in years past. But we did run a smaller version and did run a contest in conjunction with local hotels and the Sav-HHI airport. We didn't have to pay the Chamber this year and rolled that money into more digital ads.

Budget vs. actual - \$5,000 vs. \$2,000

Results – 918k impressions

Email:

The plan - Target higher net worth individuals. Focused on women from \$200 k households with interests in travel, food, wine and decor.

Budget vs. actual - \$30,000 vs. \$29,600

Results – We saw open rates on our email campaigns from a little over 10% to as high as almost 50%. This is one of our most expensive areas on a cost per unit basis, but we feel the results justify the expense. We sent custom emails and targeted Greenville to Asheville, Augusta to Aiken, Columbia, Charlotte, the Jacksonville/North Florida area and Columbus, Ohio.

Results - 1.87M Impressions

Creative:

We had not updated our videos in a couple of years. So, this year we spent money on creating better videos from materials we already had and also filming new context for videos to be used in 2026. These have a much more polished feel, and we felt they helped us to sell tickets and market the island.

Budget vs. actual - \$5,500 vs \$14,000

Television:

Budget vs. actual - \$0 vs \$5,000

Results – It honestly became too expensive in addition to not having enough tracking data from TV to justify this expense. So, we had not planned on TV advertising. But since then, we have learned you can buy ads on streaming TV and target them to specific demographics. Just like Google ads, etc. Target higher net worth individuals. Focused on women from \$200 k households with interests in travel, food, wine and decor.

Viewership Impressions - 122k

This year, we continued to direct a substantial amount of our marketing budget to McClatchy because they can handle digital, email, social media marketing in addition to owning the Island Packet, The State and the Charlotte Observer. Because of our large purchase, they gave us an additional \$27,000 in kind advertising.

Results - 445k Impressions

We recognize that we are one of the highest cost per person events supported by ATAX, but some ATAX sponsored events enhance visitors' experiences and others drive visitors to the island. We feel we are the latter. We also attract high-quality visitors where 29% have a >\$200 k household income and 75% are >100 K or retired. Also, the average stay is 4 days with >25% of visitors staying for a week or longer.

Last, this is an event our accommodation partners use to market the island to increase the number of guests that visit their properties. This summer Wayne from the Sonesta told me they had just signed a contract with a group they hosted in 2021 for 300 +/- room nights. So, this investment can continue to generate ROI well past the year of investment.

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

2026

Accommodations Tax Funds Request Application

Date Received: 09/04/2025 Time Received: 02:16 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 Wine and Food Festival

Contact Name: Jeffrey R Gerber Title: Executive Director

Address: 1620 Crestwood Drive, Columbia, SC 29205

Email Address:

Contact Phone: 843-301-9256

circlemstr@gmail.com

Event Date(s): March 22nd-28th

Event Location(s): Lowcountry Celebration Park, Country Club of HHI, Shops at Sea Pines Center,

Westin, Rollers

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

The money will be used to market the 41st year of the Hilton Head Wine and Food Festival with the goal of bringing even more visitors to the island. And to continue to increase the quality of the demographics we are experiencing.

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

We will also run a fly campaign with the Chamber again.

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

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

MVC uses the event to sell initial or additional time at their properties.

The Courtyard & Beach House are also partners.

- A. Total Number of Physical Tourists Served: 2890
 - 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: 526
 - 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: 454
 - 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): 3870

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

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

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

What we saw in 2024 was opposing data between the survey and ticket data, in 2025 they were in agreement again.

Here has been about our historical average over the last couple of years.

- 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 2% international visitors
- From other parts of the US USCB 29% and Eventbrite 58%
- From other parts of SC USCB 10% and Eventbrite 7%
- Live with in a 50-mile radius USCB 27% and Eventbrite 9%
- Live in the HHI area USCB 32% and Eventbrite 24%

We *think* we can explain the disparity and contradicting data. We give away a wine glass holder to people who fill out the survey. And we order 400 every year and we end up giving away 360-380. And this has been fairly steady to trending lower. But this year USCB called me about 75 minutes after the gates opened and asked if we had more wine yokes because they had already had over 400 surveys completed. They also said they had a line from right after we opened admissions. So the guess is that the locals and return attendees went straight to the survey tent because they wanted the wine yokes.

So while you can't complain about 400 surveys filled out from a crowd of 2300-2500 people, the popularity of the giveaway gift is probably skewing the surveys to read more local than the actual crowd. This is also a self serving hypothesis, since we are graded on driving tourism to the island, but I hope the ticket sales data shows it is likely.

We attached the survey from USB to our application.

If I can figure out how to attach a second survey, I will also provide the ticketing data. You will notice a large block of UNKOWN for location (843). These are sponsor tickets and they skew heavily towards out of town/state visitors. It was the guests for Westin, Sonesta, MVC. It also included sponsors, like Publix and all of the Wine, craft beer and spirits vendors from out of town. But since we do not have a break down, those 843 attendees were not used in the Eventbrite percentages. Meaning we used 2703 (3546-843=2703) as the denominator instead of 3546. Ex: There were 180 SC visitors from >50 miles away. 180/2703 = 6.7% (rounded to 7%)

This is probably confusing, please ask me at our presentation if there are any questions.

We did not have any virtual events.

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. 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. It's sponsored by local and regional businesses ranging from Sav-HHI Airport to accommodations (Sonesta, Westin, Marriott Courtyard and MVC), to grocery stores (Publix, our presenting sponsor), to realtors and many local restaurants. The International Wine Judging starts off the festival by introducing wine professionals to our area as they evaluate wines from all over the world. These wines are then showcased during the week's events, to include many wine dinners throughout the week, with the culmination of events being the Grand Tasting on Friday and the Public Tasting on Saturday.

The festival is a non-profit event that has contributed over \$142,000 in hospitality scholarship support to USCB and the TCL over the past eleven years. With our success from this year, we are increasing our annual donation from \$20,000 to \$25,000 between the two

institutions. We aniticpate this to continue to grow as we see more success.

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

2026 Objectives of the festival's grant-funded marketing plan:

- Continue the momentum that has been generated since 2021
- Implement targeted interactive advertising campaigns in the festival's top drive markets on home pages such as the Charlotte Observer, The State, in addition to some smaller markets as well.
- Leverage integrated social media efforts with regular posts, contests, sharing of festival press and events on Facebook and Instagram.
- Continue to utilize regional lifestyle publications with an emphasis on Northern Atlanta, Columbia, Charlotte and identified additional markets.
- Execute behavioral re-targeting campaigns and contextual re-targeting campaigns in both the drive and fly markets for high income households
- Use a very targeted e-mail advertising program once again focusing on high income households. This has been very effective for us.
- We will run a targeted fly campaign with the Chamber that has been very successful for the last 7 years.
- We are also starting to work towards having additional events throughout the year to help keep our name relevant and fresh on people's minds and to look to bring visitors to the island more than just once a year. (Rhythm & Brews)
- We are looking to host an event or two where we can work with USCB &/or TCL.
- We also run promotions with the Chamber, Sonesta, Westin and many local media partners.

If you want a specific marketing plan, I can send the 2024 marketing plan for your reference.

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

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

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

29% of our attendees have a household income >\$200k or are retired & 70% are >\$100k with an additional 7% retired. 29% stay 7 days or longer and 50% stay a minimum of 4 days. These are high quality visitors who spend money in the local economy. Due to the quality of the visitors, the expense of marketing to them is higher than average, but is justified by number of rooms nights, dining out, etc. We might have to consider lower cost/quality options with lower funding.

Also, even though expenses have increased for marketing each year, we have not asked for more money for 9 years.

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

The Hilton Head Wine & Food Festival hosted roughly 3759 people in 2025.

- 59% of them were visitors from out of state
- 75% of them were from 50 miles away or further
- \bullet We also saw the average stay continue to be about 4 days

When combining the average length of stay, plus the daily spending of visitors for food, recreation and gifts, the total direct economic impact of the 2025 festival is estimated to be around \$4,000,000.

This does not include the additional economic benefits from:

- \bullet The Westin using this as a FAM event
- The Sonesta & Westin using it to book large groups at their property
- MVC using the festival to sell additional or new memberships

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

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

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

A) The HHI Wine and Food Festival collaborates with the Chamber to create a fly marketing event every year. This was the 7th year in a row for this successful campaign.

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

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

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

B) The HHI Wine and Food Festival provides a unique opportunity for guests from all over the country to experience the island's finest culinary, resort and recreational resources all at once during the festival.

The collaborative efforts of renowned vineyards, local restaurants, visual and performing arts partners as well as destination amenity partners (golf, boating and beaches) yield a week-long celebration that is so enjoyable and memorable for guests that 79% of them stated they are extremely likely or very likely to attend next year's festival. Those same people also stated they were 90% extremely likely or very likely to recommend to their friends and/or family to attend next year's festival.

The festival itinerary is exceptional in its diversity and appeal to guests. Rarely does such a wide range of opportunities to sample Hilton Head living come together simultaneously and seamlessly in one week-long event.

7. Additional comments. (250 words or less)

With increased, strategic public relations and marketing efforts we hope to reach and convince travelers that Hilton Head Island is home to the one of the country's top wine and food festivals. By aligning the island's remarkable chefs with world-renowned vintners and powerful national brands, the festival is attempting to lure new visitors, leverage more dollars and benefit the industry that drives our island, tourism.

Continued growth and success of the HHI Wine and Food Festival has given us the opportunity to better fund our priority cause, hospitality and culinary scholarships for students at USCB and TCL. Through these scholarships another aspect of island tourism is advanced, creating a well-qualified work force. Local leadership is also created from college degrees in HRT and culinary studies.

There are additional economic impacts that we are aware of that are **NOT** included in the numbers above, but we feel should be mentioned:

MVC uses the festival to showcase the island to sell new/longer visiting times to their guests for the last four years. There is no way to measure the impact from these visitors when they return year after year after their purchases.

The Sonesta uses the festival to invite potential large group clients. Wayne said they booked a large group for 375 room nights from someone they hosted a couple of years ago. The Westin continues to do FAM (familiarization) events and brought 40+ reservation specialists to show case the island and its many appeals over three days. In 2023, Steve French said "Since 2019 we have hosted over 100 clients at Wine & Food Festival and secured just shy of \$1 million of business for our resort and the island". As we see business travel finally returning, this is a great use of ATAX funds. C. FUNDING: 1. Please describe how the organization is currently funded. (100 words or less) The HHI Wine and Food Festival is funded through four main sources. The International Wine Judging kicks off the festival and generates revenue through entry fees, Also, the wines that are not opened are designated into lots and then sold by auction at the Grand and Public Tasting events. Next, we are funded through sponsorships from companies on both a national and local level. Then festival & off cycle events generate admissions from tickets and revenue from participating vendors. Finally, we receive money through public funding in the form of grants from HHI ATAX & SCPRT. 2. Please also estimate, as a percentage, the source of the organization's total annual funding. Private Contributions, Donations 27 Government Sources and Grants 14 Corporate Support, Sponsors Membership, Dues, Subscriptions Ticket Sales, or Sales Other 58 and Services 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 Rhythm & Brews \$40,000.00 \$5,000.00 **SCPRT** 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 majority of the 2025 funds were used for advertising mainly in drive markets. We used funds for social media, email, print, digital, and radio. We had exposure to well over 7 million people.

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

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

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

The money spent to create videos seems to be very effective and we are planning on creating more content like that this year. People

seem to react more favorably to that form of media and with adding video, we sold out of events faster than before.

Objectives were hit as shown by good demographic numbers:

- Income 5% = retired, 65% = \$100 k or higher, 24% = \$200 k or higher
- Education > 69% have a four-year degree or higher (with an additional 21% having a 2-year degree or some college)
- Household > 82% have no children living at home

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

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

The real measure of effectiveness is ticket sales. We sold out all the events again this year even after adding additional tickets to many events except for Saturday..

Community benefits:

By targeting higher income attendees, we once again saw an average stay of 4 nights in 2025 from tourists.

Because the festival's target audience places such a high value on food and wine, not only do attendees place "heads in beds" for businesses around the island, but they are dining out, visiting stores and spending money on experiences in our community.

We also have many people tell us they are coming to the event to celebrate special occasions.

- Birthdays
- Anniversaries
- Friends and/or family get togethers
- Bachelorette Parties

(People tend to spend more money on special occasions)

The better demographic nature of the attendees comes directly from advertising and social media. This not only has an immediate economic impact on the island, but it is likely to have residual effects as visitors often return to the island in the future. 88% said they were likely/very likely to return to Hilton Head Island when the festival was NOT occurring.

In addition, the Westin, Sonesta and MVC booked people who will come to the island in the future and contibute further to the local economy.

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

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

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

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

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

G. **EXECUTIVE SUMMARY**

Provide an executive summary using the "ATAX Effectiveness Measurement" form provided via the link on the left, or by utilizing the text area provided below to report uses of the organization's prior ATAX grant, if applicable. If 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)

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

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

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

Budget vs. actual - \$5,000 vs. \$2,000

Results – Provided a local voice, but we also received 3-4x number of spots paid for and a couple free on-air promotions. 100k unique listeners.

Fly Market:

The plan – Target markets suggested by Sav-HHI airport. This was executed with HHI Chamber. Targeted Boston, Philly, Cleveland, Chicago and DC. With the delay in approving the Chamber's additional funds we did not implement this on scale as in years past. But we did run a smaller version and did run a contest in conjunction with local hotels and the Sav-HHI airport. We didn't have to pay the Chamber this year and rolled that money into more digital ads.

Budget vs. actual - \$5,000 vs. \$2,000

Results - 918k impressions

Email:

The plan - Target higher net worth individuals. Focused on women from \$200 k households with interests in travel, food, wine and decor.

Budget vs. actual - \$30,000 vs. \$29,600

Results – We saw open rates on our email campaigns from a little over 10% to as high as almost 50%. This is one of our most expensive areas on a cost per unit basis, but we feel the results justify the expense. We sent custom emails and targeted Greenville to Asheville, Augusta to Aiken, Columbia, Charlotte, the Jacksonville/North Florida area and Columbus, Ohio.

Results - 1.87M Impressions

Creative:

We had not updated our videos in a couple of years. So, this year we spent money on creating better videos from materials we already had and also filming new context for videos to be used in 2026. These have a much more polished feel, and we felt they helped us to sell tickets and market the island.

Budget vs. actual - \$5,500 vs \$14,000

Television:

Budget vs. actual - \$0 vs \$5,000

Results – It honestly became too expensive in addition to not having enough tracking data from TV to justify this expense. So, we had not planned on TV advertising. But since then, we have learned you can buy ads on streaming TV and target them to specific demographics. Just like Google ads, etc. Target higher net worth individuals. Focused on women from \$200 k households with interests in travel, food, wine and decor.

Viewership Impressions - 122k

This year, we continued to direct a substantial amount of our marketing budget to McClatchy because they can handle digital, email, social media marketing in addition to owning the Island Packet, The State and the Charlotte Observer. Because of our large purchase, they gave us an additional \$27,000 in kind advertising.

Results - 445k Impressions

We recognize that we are one of the highest cost per person events supported by ATAX, but some ATAX sponsored events enhance visitors' experiences and others drive visitors to the island. We feel we are the latter. We also attract high-quality visitors where 29% have a >\$200 k household income and 75% are >100 K or retired. Also, the average stay is 4 days with >25% of visitors staying for a week or longer.

Last, this is an event our accommodation partners use to market the island to increase the number of guests that visit their properties. This summer Wayne from the Sonesta told me they had just signed a contract with a group they hosted in 2021 for 300 +/- room nights. So, this investment can continue to generate ROI well past the year of investment.

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

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:



40th Annual HHI Food and Wine Festival



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 Hilton Head Food and Wine festival on March 29, 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 37-question survey was administered digitally, via iPads, which were provided to attendees to answer the survey. Attendees could also complete on their own device utilizing QR codes provided by research attendants. At the conclusion of the survey, participants were offered a 40th anniversary HHI Food and Wine Festival wine yoke.

Overwhelmingly, participants enjoyed the event with 62.88% giving the festival a "5 Star" rating. This is further supported by the percentage of attendees who plan to return to the festival (67.34% extremely likely, 19.77% very likely) and recommend the festival to friends (74.19% extremely likely, 21.29% very likely). Following are several additional datapoints that are useful in understanding the success of this event.

- Word of Mouth (mainly friends and family) was the number one method of first learning about the festival with 32.86% of attendees.
- A majority of attendees were tourists, with 74.61% of attendees surveyed living outside of 50 miles of the event venue.
- Primarily older demographic (53.82% are aged 55+, 22% are 65+) with the plurality of participants' annual household income being greater than \$200,000 per year. The next highest group is the \$100,000 \$149,999 subset.
- Attendees were almost a 30-67 split of males to females. Anecdotally, more wives of couples took the survey on behalf of the couple.
- Most attendees were married at the event.
- Two thirds of attendees would not have been on the Island if this event was not happening.
- Parking was a notable issue that people had with this event, as well as a lack of water around the event. Additionally, some guests (both normal and VIP) complained about the food quality around the event.
- 2 respondents came from outside the Untied States, both originating in Canada.

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

2,212Estimated Total Attendees

358
Total Responses

16.18%

Population Percentage

(via tallying guest entry)

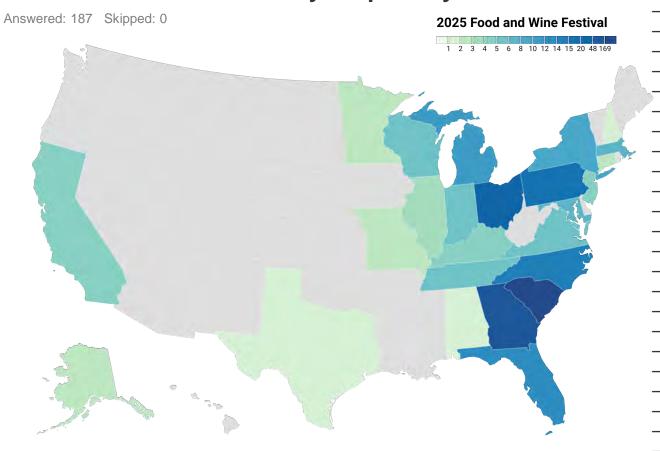


280 iPad Responses

51 QR Code Handouts

27 QR Code Signage

Q1: Enter the ZIP Code for your primary residence.

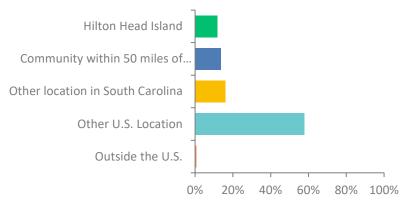


Created with Datawrapper

St	ate of Residence	Respondents
	South Carolina	169
	Georgia	48
	Ohio	20
	Pennsylvania	15
	North Carolina	14
	Florida	12
	Michigan	10
	New York	8
	Maryland	6
	Massachusetts	6
	Virginia	5
	Tennessee	5
	Wisconsin	5
	Indiana	5
	Kentucky	4
	New Jersey	4
	California	4
	Illinois	3
	Missouri	2
	Minnesota	2
	Connecticut	2
	Alaska	2
	Alabama	1
	Texas	1
	New Hampshire	1

Q2: Where is your primary residence?

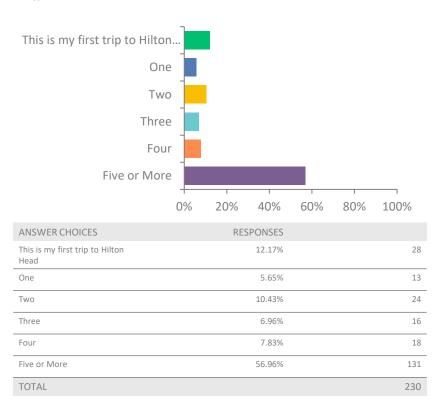
Answered: 256 Skipped: 102



ANSWER CHOICES	RESPONSES	
Hilton Head Island	11.72%	30
Community within 50 miles of Hilton Head Island (Beaufort, Bluffton, Savannah, etc.)	13.67%	35
Other location in South Carolina	16.02%	41
Other U.S. Location	57.81%	148
Outside the U.S.	0.78%	2
TOTAL		256

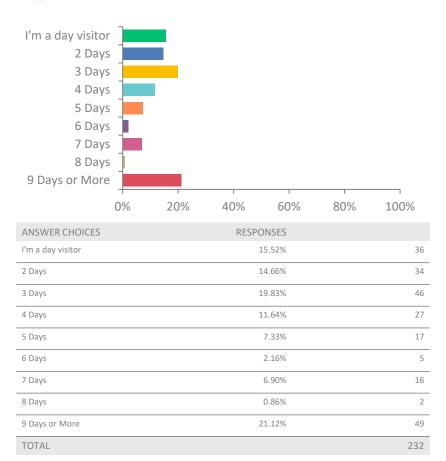
Q3: Including this visit, HOW MANY trips have you taken to Hilton Head Island?

Answered: 230 Skipped: 128



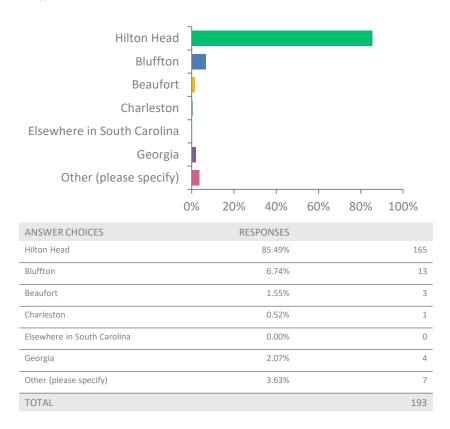
Q4: How many days to you intend to stay in Hilton Head?

Answered: 232 Skipped: 126



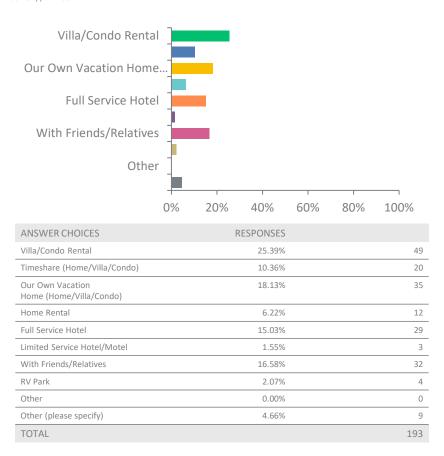
Q5: Where are you staying overnight on this trip?

Answered: 193 Skipped: 165



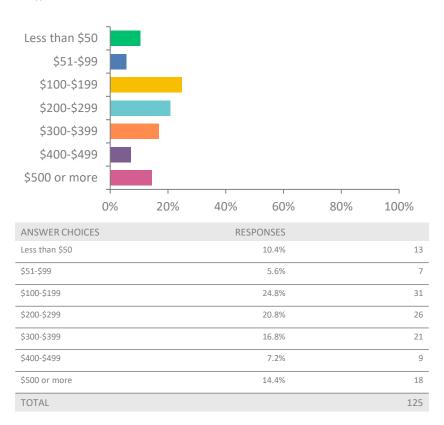
Q6: What type of accommodations will you be using while visiting Hilton Head Island?

Answered: 193 Skipped: 165



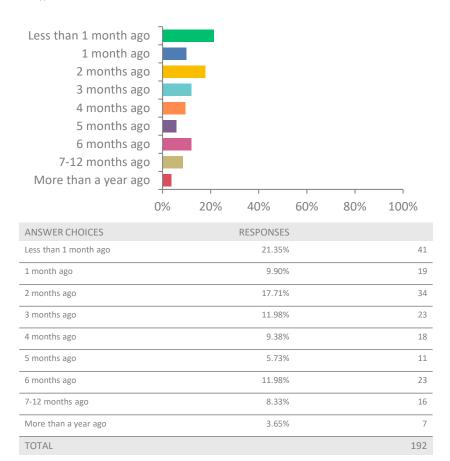
Q7: Approximately, how much will your travel party spend on lodging PER NIGHT?

Answered: 161 Skipped: 197



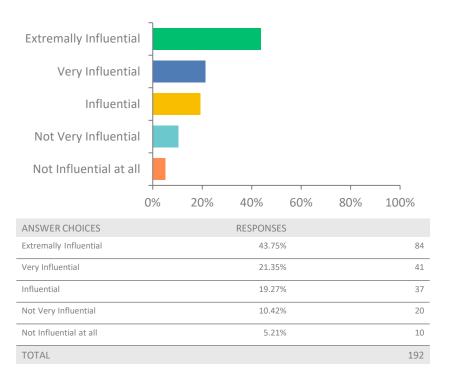
Q8: How many months in advance did you book this trip?

Answered: 192 Skipped: 166



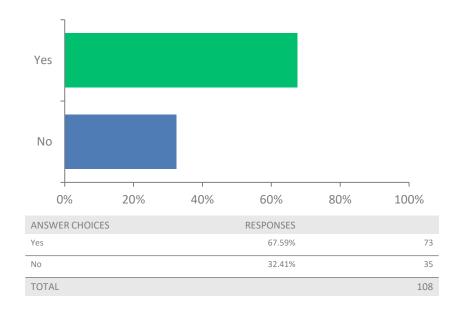
Q9: How influential was the 2025 Hilton Head Wine and Food Festival when initially planning your trip to Hilton Head Island?

Answered: 192 Skipped: 166



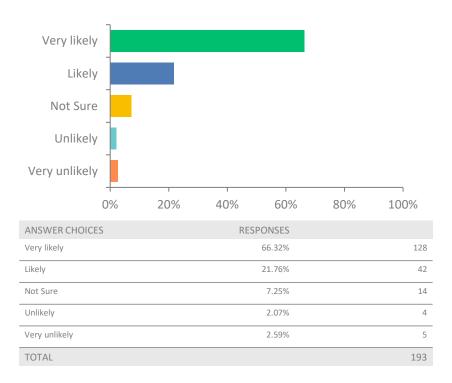
Q10: Would you have visited the Hilton Head area AT THIS TIME even if this festival had not been held?

Answered: 108 Skipped: 250



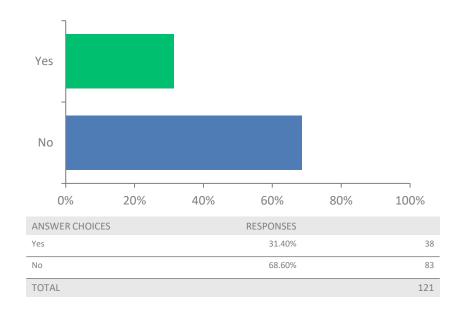
Q11: How likely are you to return to the Hilton Head area when the Hilton Head Wine and Food Festival is NOT OCCURRING?

Answered: 193 Skipped: 165



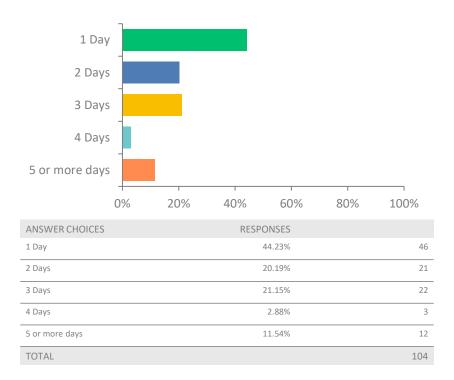
Q12: Did you extend your stay in the Hilton Head area because you wanted to attend this festival?

Answered: 121 Skipped: 237



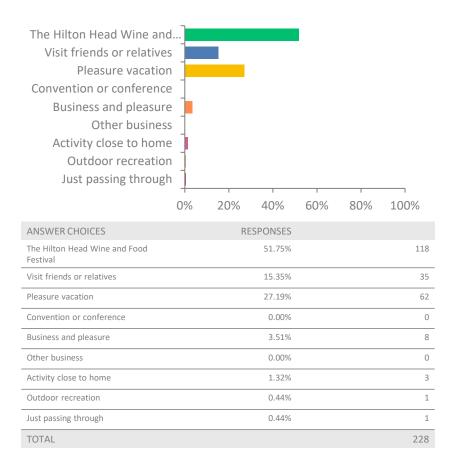
Q13: How many additional days are you staying because you wanted to attend this festival?

Answered: 104 Skipped: 254



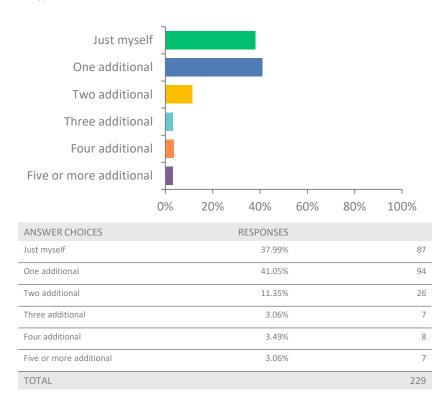
Q14: What was the primary reason for this visit to Hilton Head Island?

Answered: 228 Skipped: 130



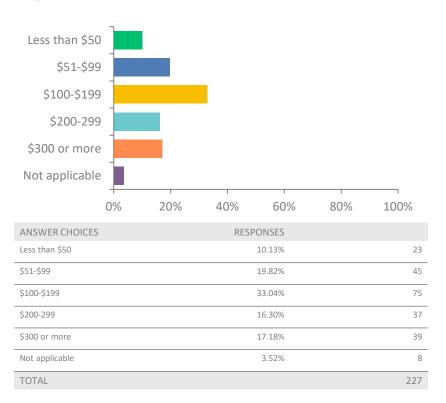
Q15: How many people are you financially responsible for during this trip?

Answered: 229 Skipped: 129



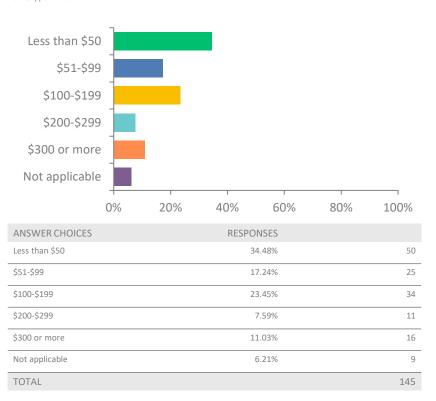
Q16: Approximately, how much will your travel party spend on restaurant dining PER DAY?

Answered: 227 Skipped: 131



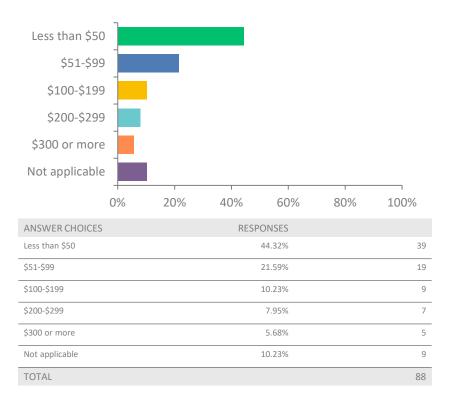
Q17: How much do you think your travel party will spend on retail purchases PER DAY (i.e. gifts, souvenirs, etc.?)

Answered: 145 Skipped: 213



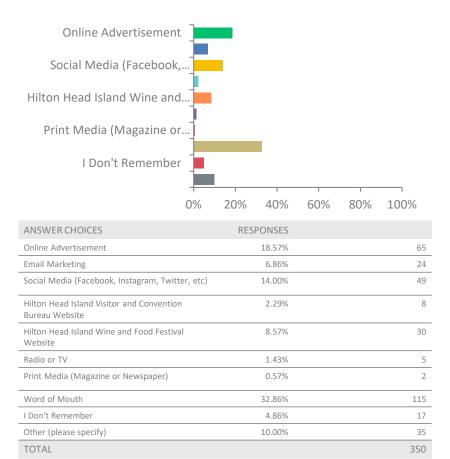
Q18: How much do you think your travel party will spend on recreation (i.e. golf, bicycling, etc.) PER DAY?

Answered: 88 Skipped: 270



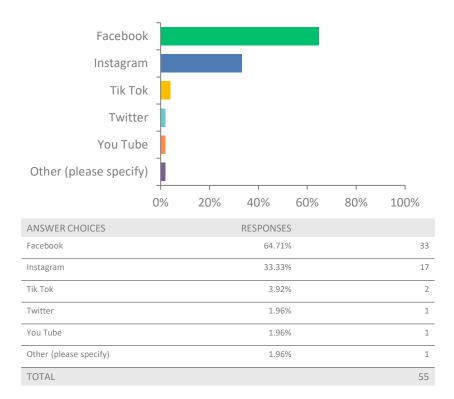
Q19: How did you first learn of the Hilton Head Wine and Food Festival?

Answered: 350 Skipped: 8



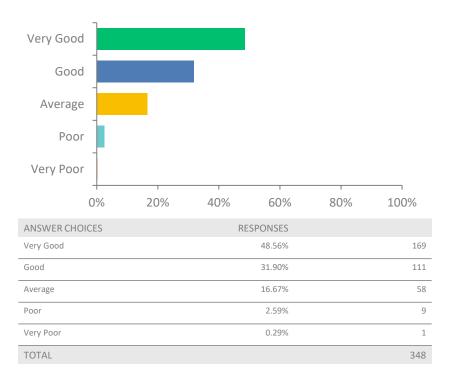
Q20: Which social media platform did you first learn of the Hilton Island Wine and Food Festival?

Answered: 51 Skipped: 307



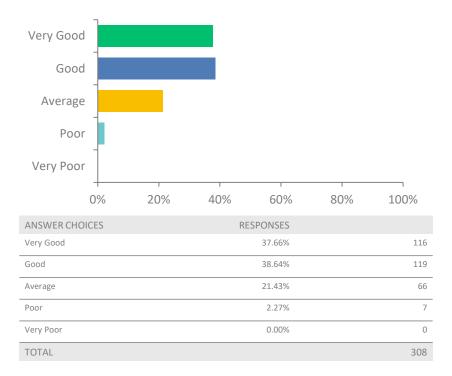
Q21: How would you rate the music at this event?

Answered: 348 Skipped: 10



Q22: How would you rate the cost of this event?

Answered: 308 Skipped: 50



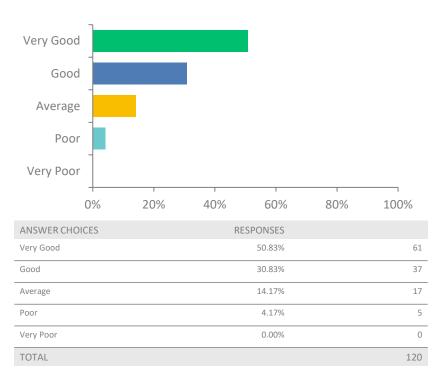
Q23: How would you rate the staff friendliness at this event?

Answered: 286 Skipped: 72



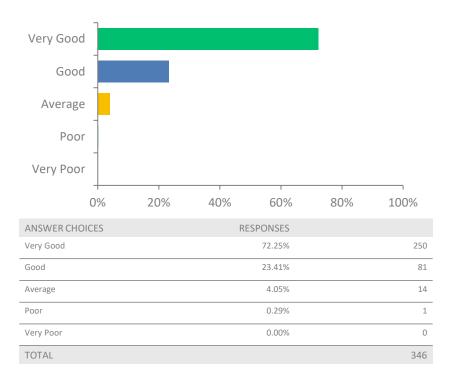
Q24: How would you rate the quality of purchased food at this event?

Answered: 120 Skipped: 238



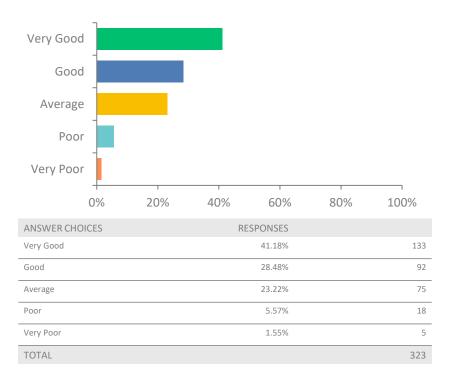
Q25: How would you rate the wine vendor variety at this event?

Answered: 346 Skipped: 12



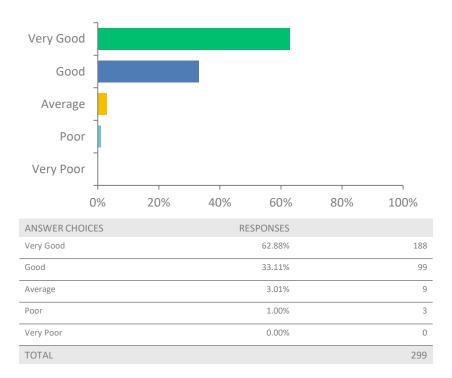
Q26: How would you rate your personal wine knowledge?

Answered: 323 Skipped: 35



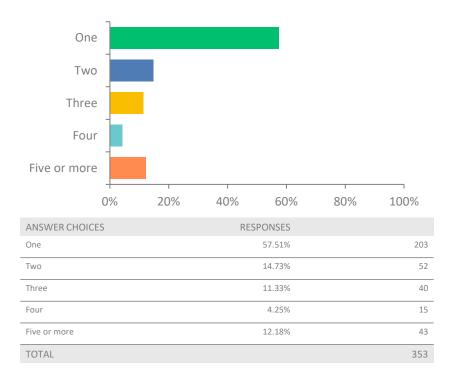
Q27: How would you rate the overall value of the event?

Answered: 299 Skipped: 59



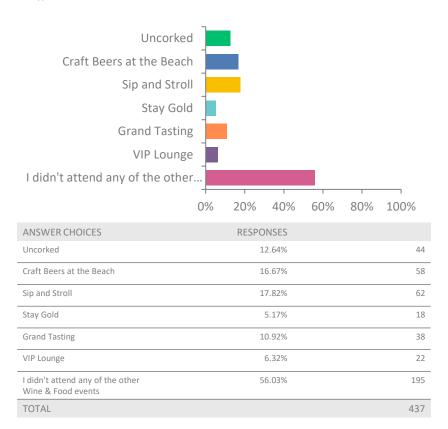
Q28: Including this visit, how many times have you attended this festival?

Answered: 353 Skipped: 5



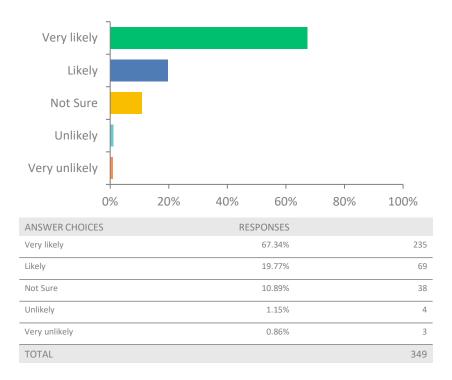
Q29: Which other Wine & Food events did you or will you attend this year? (Select all that apply)

Answered: 348 Skipped: 10



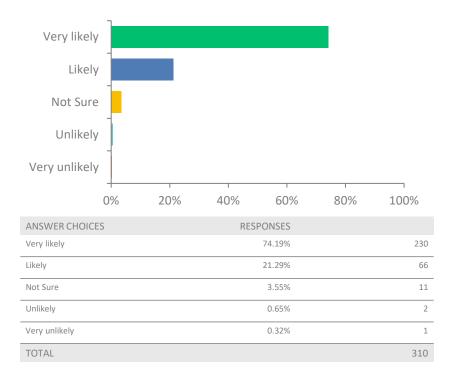
Q30: How likely are you to return to next year's festival?

Answered: 349 Skipped: 9



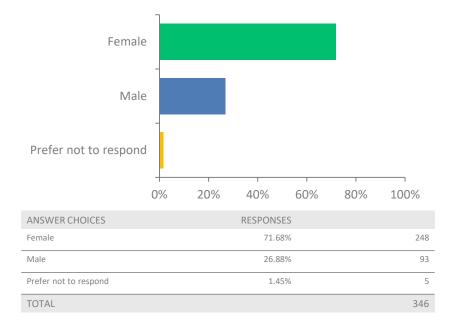
Q31: How likely are you to recommend this festival to your friends?

Answered: 310 Skipped: 48



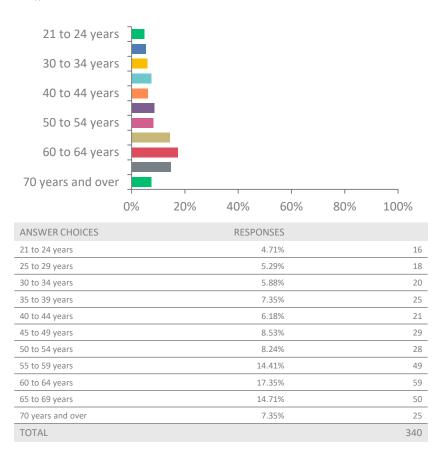
Q32: How do you identify?

Answered: 346 Skipped: 12



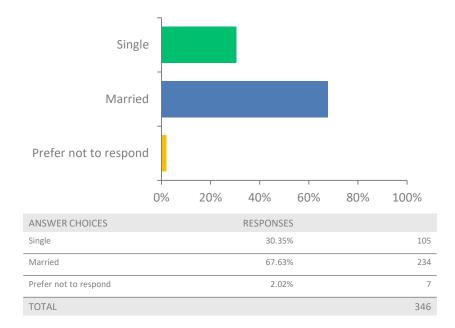
Q33: Please indicate your age below.

Answered: 340 Skipped: 18



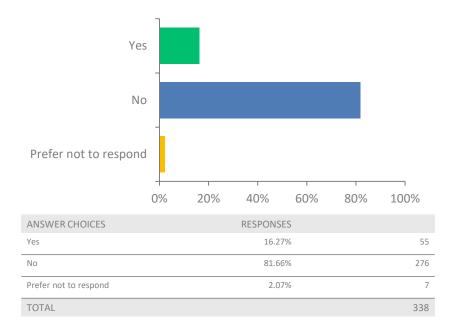
Q34: Please indicate your marital status.

Answered: 346 Skipped: 12



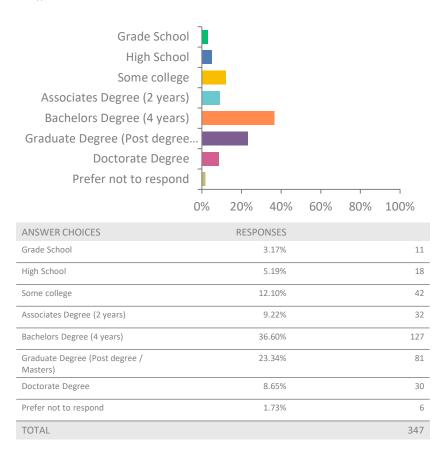
Q35: Do you have children under 18 living at home?

Answered: 338 Skipped: 20



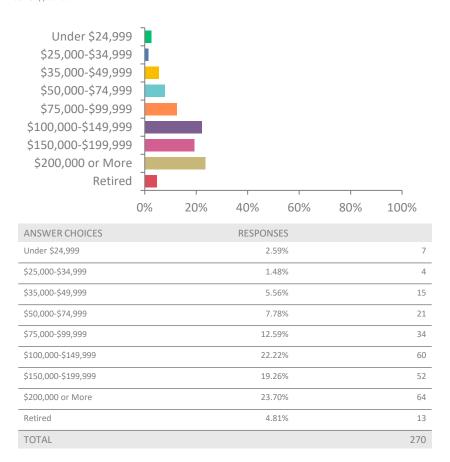
Q36: Please indicate your highest level of education.

Answered: 347 Skipped: 11



Q37: Which of the following ranges includes your annual household income?

Answered: 298 Skipped: 60



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

- Parking needs to be addressed! X5
- Need more food vendors x2
- Need the food to be included and just charge more
- **Great time**, Need to address the parking issues. Took us 1 hour to get a parking spot.
- Need more water x4
- Need a few more tables. No vendor should run out of product before the end of the event There was one more thing I wanted to come on.
- Music lackluster. Food offerings were too few and average.
- Need more sitting areas x2
- Fun day 🍷 🍷
- Fellowship
- Had a great time at the festival!
- Love this event! X18
- Great place
- Not enough food at any location, particularly VIP section.
- Great cause
- Need more sweet wines
- Excellent
- Great time.
- Lots of fun x2
- Thank you x4
- Unable to get my usual vip
- We bought VIP tix and extremely disappointed by the selection of food and the amount. Everything except a few charcuterie options were available an hour later. COMPLETELY UNACCEPTABLE FOR THE EXTRA PRICE,,,,,,
- Enjoyed
- Enjoyable and not too crowded

- Have fun
- Wonderful event and location
- The food has gone downhill over the last several years. I've been attending this event 15+ years
- The food has fallen by the wayside compared to when it used to be at honeyhorn
- Awesome
- Cool
- Awesome
- Wonderful event my only suggestion would be <u>a sheet list of vendors &</u> <u>products to take notes & not have to</u> <u>take pictures or remember after a</u> few too many



Contact Us:

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

Trey Ramsey wjramsey@uscb.edu 843-540-7320 THANK YOU!



CENTER FOR LOWCOUNTRY HOSPITALITY EDUCATION



Hilton Head Island Wine and Food Inc.

Board Minutes

August 11th, 2025, 5 PM

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

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

Absent – Andrea Fasano

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

And Ed Brown, Emeritus

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

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

1. Introduction of Ed Brown & Tom Hines -

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

2. Introduction of Rebecca Pollard – New assistant

a. She came highly recommended by Sean Barth at USCB

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

3. Meet Dave Peck – Potential New Board Member

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

4. Financials -

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

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

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

5. How Rebecca is going to help -

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

6. Rhythm & Brews Update – (Saturday September 27th)

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

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

7. Kaylee Rose – Headliner for Rhythm & Brews

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

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

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

General media info: 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.

	Hilto	on Head Wine and Food Fes	tival
		Wine and Food Festival Budget for March 2026	Budget
Revenue			
	Wine Entries		\$15,000
	Festival Events		\$240,000
			7210,000
	Off Cycle Events		\$2,000
	Sub Total for Events		\$257,000
	Sponsorships		\$70,000
	Auction		\$15,000
	Food/Wine/Retail Vendor Booth		\$15,000
	Sub Total Revenue		\$100,000
	ATAX Town of HHI		\$130,000
	ATAX Beaufort County		\$0
	SCPRT		\$5,000
	Sub Total Grants		\$135,000
	Total Revenue		\$492,000
Scholarsh	i e		100.000
	Scholarship Expenses		\$25,000
Administr	ration		
Aummist	Direct Administrative Expenses		\$88,000
	Exec Dir = \$48k Assitant = \$40k		388,000
	Exec Dii		
Marketing	z & PR		
TVIGI KECII I	Marketing and PR		\$25,000
	Walketing and TK		723,000
Advertisir	ng .		
7101011	Print - Magazine/News Paper		\$10,000
	Digital		\$20,000
	TV		\$0
	Radio/Broadcast Media		\$5,000
	Contextual/Re-Direct		\$5,000
	Social Media		\$30,000
	Email / Eblasts		\$30,000
	Other Advertising		\$5,000
	Sav-HHI Fly Marketing Campaign		\$5,000
	Advertising Creative		\$5,500
	Advertising Management		\$6,000

Subtotal-Marketing & Advertising		\$121,500
Frank Sun and a		
Event Expenses	¢12.500	
Ticketing Fees	\$12,500	
Logistics Trash & Recycling	\$5,000 \$3,300	
Audio & Visual Equipment	\$3,000	
Photography	\$1,000	
Rentals - Tables, Chairs, Furniture, etc	\$8,000	
Tents	\$15,000	
Restroom Services	\$5,000	
Transportation - Trolleys, Busses, etc	\$1,000	
Fencing	\$4,000	
Glassware	\$15,000	
Live Entertainment	\$2,000	
Facility Rental Fees	\$1,000	
Insurance	\$9,000	
Travel	\$1,000	
Ice	\$2,500	
Survey of Attendees	\$1,000	
Printing - Signs	\$4,000	
Printing - Other	\$1,500	
Security	\$3,500	
Licenses	\$3,000	
Food for Events	\$25,000	
Wine for events	\$10,000	
Stay Gold Event	\$18,750	
Volunter T-Shirts	\$1,500	
Misc Event Expenses	\$5,000	
Subtotal for Event Expenses		\$161,550
Judging Expenses		
Lodging	\$2,000	
Reception & Food for Weekend	\$800	
Awards/Medals	\$2,000	
Enofile Expenses	\$1,800	
Postage for Medals	\$300	
Office Supplies - Judging	\$750	
Facility Rental for Judging	\$750	1
Travel to Increase entries	\$1,250	
Subtotal for Judging Expenses	71,230	\$9,650
Other Expenses		
Bank and Credit Card Fees	\$6,500	
Equipment	\$1,500	
Postage	\$500	

Drafassianal Foos				¢1.000	
Professional Fees				\$1,000	
Supplies & Misc Expenses				\$2,500	
Website Maintenance				\$1,000	
Office & Storage Facility Rent	m	noving - rent increasin	ıg	\$24,000	
D&O Insurance				\$800	
Unexpected Expenses				\$5,000	
Off Cycle Events				\$2,000	
Subtotal for Other Expenses					\$44,800
Total Expenses				\$475,500	
NET Profit (Loss)				\$16,500	
equals significant change YoY					
and why the change is occuring					

Hilton Head Hospitality Association **Profit & Loss**

July 2024 through June 2025

Name		Jul '24 - Jun 25
4600 - WineFestival Income 10,025,00 4606 - Admissions 2,204,00 4606 - Carnot Tasting 2,7745,00 4608 - Vibroorked 2,205,00 4608 - Vibroorked 2,205,00 4608 - Public Tasting 122,605,00 4611 - Other Events 18,338,00 4611 - Ying Stroll 18,338,00 4611 - Ying Stroll 18,900,00 4611 - Cother Events 64,408,00 4612 - Unassigned Receipts 1,841,83 Total 4600 - WineFestival Income 228,828,83 4615 - Grand Tasting Auction 16,928,22 4617 - Wine Vendor Booths 7,915,14 4619 - Sponsorship 500,00 4640 - Sponsorship 57,650,00 4655 - Grants 151,542,40 Total 4605 - Formts 151,542,40 Total 4505 - Grants 463,364,59 4799 - Rhythm & Brews Event 20,000,00 4690 - Program and Festivals Expense 20,000,00 6600 - WineFestival Production Costs 660 660 - WineFestival Production Costs 660 660 - Hardeting & PR 32		
4605 - Intrn'i Wine Judging Entries 1,0,025,00 4606 - Admissions 2,204,00 4607 - Grand Tasting 27,745,00 4608 - Public Tasting 122,605,00 4611 - Other Events 18,338,00 4611 - Other Events 68,000,00 4611 - Sig & Stroll 18,380,00 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 7,915,14 4619 - Retail Vendor Booths 7,915,14 4655 - Grants 145,802,20 4655 - Grants 151,542,40 Total 4655 - Grants 151,542,40 Total 4500 - Program and Festivals 463,364,59 4799 - Rhythm & Brews Event 413,611,11 Total 100 - Program and Festivals Expense 20,000,00 6602 - Marketing & PR 32,178,75 6603 - WineFestival Production Costs 6602 - Marketing & PR <		
4606 - Admissions 4606 - Public Tasting 4607 - Grand Tasting 4608 - Public Tasting 4618 - Public Tasting 4611 - Other Events 4611 - Other Events 4611.11 - Sip & Stroll 4611.12 - Stay Gold 4611.22 - Craft Beer Event 4611.12 - Stay Gold 4611.22 - Craft Beer Event 4612 - Unassigned Receipts 4612 - Unassigned Receipts 4612 - Unassigned Receipts 4615 - Grand Tasting Auction 4615 - Grand Tasting Auction 4617 - Wine Vendor Booths 4619 - Wine Festival Income 228,828.83 Total 4600 - WineFestival Income 228,828.83 4615 - Grand Tasting Auction 4619 - Retail Vendor Booths 500.00 4640 - Sponsorship 4655 - Grants 4666 - Town of HHI ATAX 4658 - SCPRT 57,650.00 4658 - SCPRT 57,40.20 Total 4600 - Programs and Festivals 4699 - Rhythm & Brews Event 41,361.11 Total Income 504,725.70 Expense 6100 - Program and Festivals Expense 6500 - WineFestival Production Costs 6602 - WineFestival Production Costs 6602 - Marketing & PR 6603 - Professional Firm 6604 - Hirred Bloggers, Writers, Etc. 6605 - Other Marketing & PR 6603 - Professional Firm 6604 - Hirred Bloggers, Writers, Etc. 6607 - Festival Director 6608 - Other Direct Administrative Expense 6607 - Festival Director 6608 - Other Direct Administrative Expense 6609 - Grand Tasting Expense 6609 - Grand Tasting Expense 6609 - Grand Tasting Expense 6601 - Advertising - ATAX Elgible 6611 - Print, News Papers 6619 - Other Advertising 6615 - Radio 6616 - Contextual / Re-Direct 6617 - Social Media 8, 807, 25 6619 - Other Advertising 6619 - Other Advertising 6619 - Other Advertising 6619 - Advertising - ATAX Elgible 6619 - Advertising - ATAX Elgible - Other 6610 - Advertising - ATAX Elgible - Other		10.025.00
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Expense 6100 · Program and Festivals Expense 6500 · Scholarship Expense 6500 · WineFestival Production Costs 6602 · Marketing & PR 6603 · Professional Firm 6604 · Hired Bloggers, Writers, Etc. 6606 · Other Marketing & PR 7728.75 6606 · Other Marketing & PR 750.00 Total 6602 · Marketing & PR 750.00 Total 6602 · Marketing & PR 8606.5 · Direct Administrative Expense 6607 · Festival Director 6608 · Other Direct Administrative 750.00 Total 6606.5 · Direct Administrative Expense 6609 · Grand Tasting Expense 6610 · Advertising - ATAX Elgible 6611 · Print, News Papers 7,559.00 6613 · Digital 6,831.55 6615 · Radio 6615 · Contextual / Re-Direct 1,322.77 6617 · Social Media 27,611.35 6618 · Email 8,807.25 6619.01 · Advertising Management 6619.0 · Advertising Management 6610 · Advertising - ATAX Elgible - Other Total 6610 · Advertising - ATAX Elgible - Other Total 6610 · Advertising - ATAX Elgible - Other Total 6610 · Advertising - ATAX Elgible - Other 146,110.89	4799 · Rhythm & Brews Event	41,361.11
6100 · Program and Festivals Expense 6500 · Scholarship Expense 6500 · Scholarship Expense 6600 · WineFestival Production Costs 6602 · Marketing & PR 6603 · Professional Firm 6604 · Hired Bloggers, Writers, Etc. 7,728.75 6606 · Other Marketing & PR 24,000.00 Total 6602 · Marketing & PR 6606.5 · Direct Administrative Expense 6607 · Festival Director 6608 · Other Direct Administrative 750.00 Total 6606.5 · Direct Administrative Expense 6607 · Festival Director 6609 · Grand Tasting Expense 6610 · Advertising - ATAX Elgible 6611 · Print, News Papers 7,559.00 6613 · Digital 6615 · Radio 6616 · Contextual / Re-Direct 1,322.77 6617 · Social Media 27,611.35 6618 · Email 8,807.25 6619 · Other Advertising Management 6,501.22 6610 · Advertising - ATAX Elgible - Other Total 6610 · Advertising - ATAX Elgible - Other Total 6610 · Advertising - ATAX Elgible - Other Total 6610 · Advertising - ATAX Elgible - Other Total 6610 · Advertising - ATAX Elgible - Other Total 6610 · Advertising - ATAX Elgible - Other Total 6610 · Advertising - ATAX Elgible - Other	Total Income	504,725.70
6500 · Scholarship Expense 6600 · WineFestival Production Costs 6602 · Marketing & PR 6603 · Professional Firm 6604 · Hired Bloggers, Writers, Etc. 6606 · Other Marketing & PR 7,728.75 6606 · Other Marketing & PR 24,000.00 Total 6602 · Marketing & PR 6606.5 · Direct Administrative Expense 6607 · Festival Director 6608 · Other Direct Administrative 750.00 Total 6606.5 · Direct Administrative Expense 6609 · Grand Tasting Expense 6610 · Advertising - ATAX Elgible 6611 · Print, News Papers 7,559.00 6613 · Digital 6,831.55 6615 · Radio 6616 · Contextual / Re-Direct 6617 · Social Media 67,611.35 6618 · Email 8,807.25 6619 · Other Advertising Management 6,501.22 6610 · Advertising - ATAX Elgible - Other Total 6610 · Advertising - ATAX Elgible - Other Total 6610 · Advertising - ATAX Elgible - Other Total 6610 · Advertising - ATAX Elgible - Other Total 6610 · Advertising - ATAX Elgible - Other Total 6610 · Advertising - ATAX Elgible - Other Total 6610 · Advertising - ATAX Elgible - Other 146,110.89	•	
6600 · WineFestival Production Costs 6602 · Marketing & PR 6603 · Professional Firm 6604 · Hired Bloggers, Writers, Etc. 6606 · Other Marketing & PR 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 6608 · Other Direct Administrative 750.00 Total 6606.5 · Direct Administrative Expense 6609 · Grand Tasting Expense 6610 · Advertising - ATAX Elgible 6611 · Print, News Papers 6613 · Digital 6,831.55 6615 · Radio 6616 · Contextual / Re-Direct 6617 · Social Media 67,550.00 6618 · Email 8,807.25 6619 · Other Advertising Management 6,501.22 6610 · Advertising - ATAX Elgible - Other Total 6610 · Advertising - ATAX Elgible - Other Total 6610 · Advertising - ATAX Elgible - Other Total 6610 · Advertising - ATAX Elgible - Other Total 6610 · Advertising - ATAX Elgible - Other		20,000,00
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 48,000.00 6607 · Festival Director 48,000.00 6608 · Other Direct Administrative 750.00 Total 6606.5 · Direct Administrative Expense 48,750.00 6609 · Grand Tasting Expense 20,076.12 6610 · Advertising - ATAX Elgible 7,559.00 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		20,000.00
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 48,000.00 6608 · Other Direct Administrative 750.00 Total 6606.5 · Direct Administrative Expense 48,750.00 6609 · Grand Tasting Expense 20,076.12 6610 · Advertising - ATAX Elgible 7,559.00 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	•	450.00
6606 · Other Marketing & PR 24,000.00 Total 6602 · Marketing & PR 32,178.75 6606.5 · Direct Administrative Expense 48,000.00 6608 · Other Direct Administrative 750.00 Total 6606.5 · Direct Administrative Expense 48,750.00 6609 · Grand Tasting Expense 20,076.12 6610 · Advertising - ATAX Elgible 7,559.00 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		
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6606.5 · Direct Administrative Expense 48,000.00 6608 · Other Direct Administrative 750.00 Total 6606.5 · Direct Administrative Expense 48,750.00 6609 · Grand Tasting Expense 20,076.12 6610 · Advertising - ATAX Elgible 7,559.00 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 Management 6,501.22 6610 · Advertising - ATAX Elgible - Other 59,324.00 Total 6610 · Advertising - ATAX Elgible 146,110.89	Total 6602 · Marketing & PR	32 178 75
6607 · Festival Director 48,000.00 6608 · Other Direct Administrative 750.00 Total 6606.5 · Direct Administrative Expense 48,750.00 6609 · Grand Tasting Expense 20,076.12 6610 · Advertising - ATAX Elgible 7,559.00 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		02,110.10
6608 · Other Direct Administrative 750.00 Total 6606.5 · Direct Administrative Expense 48,750.00 6609 · Grand Tasting Expense 20,076.12 6610 · Advertising - ATAX Elgible 7,559.00 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	·	48 000 00
6609 · Grand Tasting Expense 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 6619 · Other Advertising Management 6,501.22 6610 · Advertising - ATAX Elgible - Other Total 6610 · Advertising - ATAX Elgible 146,110.89		•
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 Total 6610 · Advertising - ATAX Elgible 146,110.89	Total 6606.5 · Direct Administrative Expense	48,750.00
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	6609 · Grand Tasting Expense	20,076.12
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		7.550.00
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		
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	•	· · · · · · · · · · · · · · · · · · ·
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	6616 · Contextual / Re-Direct	
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		•
6619.01 · Advertising Management 6,501.22 6610 · Advertising - ATAX Elgible - Other 59,324.00 Total 6610 · Advertising - ATAX Elgible 146,110.89		•
6610 · Advertising - ATAX Elgible - Other59,324.00Total 6610 · Advertising - ATAX Elgible146,110.89		•
		59,324.00
6629 · Advertising Creative Expense 3,250.00	Total 6610 · Advertising - ATAX Elgible	146,110.89
	6629 · Advertising Creative Expense	3,250.00

Hilton Head Hospitality Association **Profit & Loss**

July 2024 through June 2025

6630 - Wine & Food Fest Expenses 12,243,29 6832 - Licylistices 22,057,06 6834 - Trash & Recycling 5,259,18 6835 - Audio, Visual, Etc. 5,624,23 6835 - Fhotography 1,025,00 6636 - Tables, Chairs, Furniture, Etc. 10,699,44 6637 - Tents, Etc. 14,755,16 6638 - Restroom Services 7,923,77 6639 - Transportation 1,050,00 6641 - Golf Cart Rental 378,20 6643 - Fencing 4,119,15 6644 - Galssware 14,388,17 6645 - Insurance 1,735,00 6646 - Insurance 1,735,00 6647 - Facility Rental 2,765,20 6649 - Beaufort County Sheriff 2,913,76 6652 - Ice 3,501,08 6653 - Survey 2,100,00 6554 - Printing 4,701,21 6655 - Frograms 750,00 6656 - Maps 926,00 6657 - Signs 3,025,21 Total 6654 - Printing 4,701,21 6659 - Security 2,737,48 6667 - Lodging 1,233,78 <th></th> <th>Jul '24 - Jun 25</th>		Jul '24 - Jun 25
6631 - Ticketing Fees 12,243,29 6632 - Logistics 23,057,06 6834 - Trash & Recycling 6,259,18 6635 - Audio, Visual, Etc. 6,624,23 6835 - Tables, Chairs, Furniture, Etc. 10,899,44 6837 - Tents, Etc. 14,753,16 6838 - Restroom Services 7,923,77 6839 - Transportation 1,050,00 6641 - Golf Cart Rental 376,20 6643 - Fencing 4,119,15 6644 - Glassware 14,388,17 6645 - Entertainment 3,950,00 6646 - Insurance 1,735,00 6647 - Facility Rental 2,765,20 6649 - Beaufort County Sheriff 2,913,76 6652 - Ice 3,501,08 6653 - Survey 2,100,00 6655 - Frograms 750,00 6656 - Maps 926,00 6657 - Signs 3,025,21 Total 6664 - Printing 4,701,21 6656 - Wine 1,584,72 6667 - Give Away Item For Survey 686,34 6667 - Lodging 1,233,78 6679 - Enrolfile Expenses 210	6630 · Wine & Food Fest Expenses	
6834 - Trash & Recycling 5,259,18 6835 - Audio, Visual, Etc. 5,624,23 6835 - Tables, Chairs, Furniture, Etc. 10,699,44 6837 - Tents, Etc. 14,783,16 6838 - Restroom Services 7,923,77 6639 - Transportation 1,050,00 6641 - Golf Cart Rental 378,20 6643 - Fencing 4,119,15 6644 - Classware 14,388,17 6645 - Entertainment 3,950,00 6646 - Insurance 1,735,00 6647 - Facility Rental 2,765,20 6649 - Beaufort County Sheriff 2,913,76 6653 - Survey 2,100,00 6654 - Printing 3,501,08 6655 - Programs 750,00 6656 - Maps 926,00 6657 - Signs 3,025,21 Total 6654 - Printing 4,701,21 6659 - Security 2,737,48 6664 - Licenses 2,732,00 6665 - Signs 3,025,21 Total 6654 - Printing 4,701,21 6659 - Security 2,737,48 6664 - Licenses 1,380,00	•	12,243.29
6635 Audio, Visual, Etc. 5,624,23 6635 1- Photography 1,025,00 6636 Tables, Chairs, Furniture, Etc. 10,699,44 6637 - Tents, Etc. 14,753,16 6638 - Restroom Services 7,923,77 6639 - Transportation 1,090,00 6641 - Golf Carl Rental 378,20 6643 - Fencing 4,119,15 6644 - Glassware 14,388,17 6645 - Entertainment 3,990,00 6646 - Insurance 1,735,00 6647 - Facility Rental 2,765,20 6648 - Beaufort County Sheriff 2,913,76 6652 - Ice 3,501,08 6653 - Survey 2,100,00 6654 - Printing 750,00 6655 - Programs 750,00 6655 - Programs 750,00 6655 - Programs 2737,48 6655 - Programs 2,732,40 6657 - Signs 3,025,21 Total 6654 - Printing 4,701,21 6659 - Security 2,733,48 6664 - Licenses 2,732,00 6668 - William 1,584,72		23,057.06
6635.1 - Photography 1 0,25,00 6636 - Tables, Chairs, Furniture, Etc. 1 0,699,44 6637 - Tents, Etc. 14,753,16 6638 - Restroom Services 7,923,77 6639 - Transportation 1,090,000 6641 - Golf Cart Rental 378,20 6643 - Fencing 4,119,15 6644 - Classware 14,388,17 6645 - Entertainment 3,950,00 6646 - Insurance 1,735,00 6647 - Facility Rental 2,765,20 6649 - Beaufort County Sheriff 2,913,76 6652 - Ice 3,501,08 6653 - Survey 2,100,00 6654 - Printing 750,00 6655 - Maps 926,00 6657 - Signs 3,025,21 Total 6654 - Printing 4,701,21 6659 - Security 2,737,48 6664 - Licenses 2,732,00 6657 - Signs 3,025,21 Total 6654 - Printing 4,701,21 6659 - Security 2,737,48 6664 - Licenses 2,732,00 6657 - Signs 1,554,72 <td< th=""><th>, ,</th><th>•</th></td<>	, ,	•
6638 - Tables, Chairs, Furniture, Etc. 10,699,44 6637 - Tents, Etc. 14,753,16 6638 - Restroom Services 7,923,77 6639 - Transportation 1,050,00 6641 - Golf Cart Rental 378,20 6643 - Fencing 4,119,15 6644 - Glassware 14,388,17 6645 - Entertainment 3,950,00 6646 - Insurance 1,735,00 6647 - Facility Rental 2,765,20 6649 - Beaufort County Sheriff 2,913,76 6652 - Ice 3,501,08 6653 - Survey 2,100,00 6654 - Printing 750,00 6655 - Neograms 750,00 6656 - Maps 926,00 6657 - Signs 3,025,21 Total 6654 - Printing 4,701,21 6655 - Security 2,737,48 6664 - Licenses 2,732,00 6668 - Wine 1,584,72 6677 - Give Away Item For Survey 686,34 6674 - Lodging 1,233,78 6677 - Enofile Expenses 1390,00 6681 - Other Event Expenses 1390,00		· · · · · · · · · · · · · · · · · · ·
6637 - Tents, Etc. 14,753.16 6638 - Restroom Services 7,923.77 6639 - Transportation 1,050.00 6841 - Colf Cart Rental 378.20 6843 - Fencing 4,119.15 6844 - Classware 14,388.17 6845 - Entertaliment 3,950.00 6846 - Insurance 1,735.00 6447 - Facility Rental 2,765.20 649 - Beaufort County Sheriff 2,913.76 6652 - Ice 3,501.08 6653 - Survey 2,100.00 6654 - Printing 750.00 6655 - Programs 750.00 6655 - Programs 750.00 6657 - Signs 3,025.21 Total 6654 - Printing 4,701.21 6659 - Security 2,737.48 6664 - Licenses 2,732.00 6665 - Waps 2,732.00 6665 - Ways 1,584.72 6679 - Give Away Item For Survey 686.34 6674 - Lodging 1,233.78 6679 - Enofile Expenses 1,390.00 6680 - Office Expenses 1,390.00 6680 - Ot	5 . •	·
6638 - Restroom Services 7,923.77 6639 - Transportation 1,050.00 6841 - Golf Cart Rental 378.20 6843 - Fencing 4,119.15 6644 - Glassware 14,388.17 6645 - Entertainment 3,950.00 6646 - Insurance 1,735.00 6647 - Facility Rental 2,765.20 6649 - Beaufort County Sheriff 2,913.76 6652 : Ice 3,501.08 6653 - Survey 2,100.00 6654 - Printing 750.00 6655 - Maps 926.00 6657 - Signs 3,025.21 Total 6654 - Printing 4,701.21 6659 - Security 2,732.00 6666 - Maps 2,732.00 6667 - Lodging 1,584.72 6670 - Give Away Item For Survey 686.34 6673 - Enofile Expenses 1,390.00 6681 - Office Expenses 210.00 6687 - Enofile Expenses 3139.00 6681 - Other Event Expense 4,214.06 Total 6630 - Wine & Food Fest Expense 6,312.20 6683 - Special Events Expense 6,3	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
6641 - Golf Cart Rental 378.20 6643 - Fencing 4,119.15 6644 - Glassware 14,388.17 6645 - Entertainment 3,950.00 6646 - Insurance 1,735.00 6647 - Facility Rental 2,765.20 6649 - Beaufort County Sheriff 2,913.76 6652 - Ice 3,501.08 6653 - Survey 2,100.00 6654 - Printing 750.00 6655 - Programs 750.00 6656 - Maps 926.00 6657 - Signs 3,025.21 Total 6654 - Printing 4,701.21 6659 - Security 2,737.48 6664 - Licenses 2,732.00 6668 - Wine 1,584.72 6670 - Give Away Item For Survey 686.34 6674 - Lodging 1,233.78 6679 - Enofile Expenses 1,390.00 6680 - Office Expenses 210.00 6681 - Other Event Expenses 139.915.14 6666 - Judging Expenses 139.915.14 6666 - Judging Expenses 6312.20 6683 - Special Events Expense 6312.20 <t< th=""><th>•</th><th>·</th></t<>	•	·
6643 - Fencing 4,119,15 6644 - Glassware 14,388,17 6645 - Entertainment 3,950,00 6646 - Insurance 1,735,00 6647 - Facility Rental 2,765,20 6649 - Beaufort County Sheriff 2,913,76 6652 - Ice 3,501,08 6655 - Survey 2,100,00 6654 - Printing 750,00 6655 - Frograms 750,00 6656 - Maps 926,00 6657 - Signs 3,025,21 Total 6654 - Printing 4,701,21 6659 - Security 2,737,48 6664 - Licenses 2,732,00 6668 - Wine 1,584,72 6670 - Give Away Item For Survey 686,34 6674 - Lodging 1,233,78 6675 - Enofile Expenses 1,390,00 6681 - Other Event Expenses 139,915,14 6666 - Judging Expenses 4,214,06 Total 6630 - Wine & Food Fest Expenses 6,312,20 6682 - Bank & Credit Card Fees 6,312,20 6683 - Special Events Expense 8,731,36 6683 - Special Events Expense <	6639 · Transportation	1,050.00
6644 - Classware 14,388.17 6645 - Entertainment 3,950.00 6647 - Facility Rental 2,765.20 6647 - Facility Rental 2,765.20 6648 - Beaufort County Sheriff 2,913.76 6652 - Lee 3,501.08 6653 - Survey 2,100.00 6654 - Printing 750.00 6655 - Maps 926.00 6657 - Signs 3,025.21 Total 6654 - Printing 4,701.21 6659 - Security 2,737.48 6664 - Licenses 2,732.00 6668 - Wine 1,584.72 6670 - Give Away Item For Survey 686.34 6670 - Give Away Item For Survey 686.34 6671 - Lodging 1,233.78 6679 - Enofile Expenses 210.00 6681 - Office Expenses 210.00 6681 - Other Expenses 3,391.51.4 6666 - Judging Expenses 4,214.06 Total 6630 · Wine & Food Fest Expenses 6,312.20 6682 - Bank & Credit Card Fees 6,312.20 6683 - Special Events Expense 8,731.36 6683 - Special Events E		
6645 : Entertainment 3,950,00 6646 · Insurance 1,735,00 6647 · Facility Rental 2,765,20 6649 · Beaufort County Sheriff 2,913,76 6652 · Ice 3,501,08 6653 · Survey 2,100,00 6654 · Printing 750,00 6655 · Programs 926,00 6657 · Signs 3,025,21 Total 6654 · Printing 4,701,21 6659 · Security 2,737,48 6664 · Licenses 2,732,00 6668 · Wine 1,584,72 6670 · Give Away Item For Survey 686,34 6674 · Lodging 1,233,78 6679 · Enofile Expenses 1,390,00 6681 · Other Event Expenses 210,00 6681 · Other Event Expenses 313,915,14 6666 · Judging Expenses 4,214.06 Total 6630 · Wine & Food Fest Expenses 394,494,96 6682 · Bank & Credit Card Fees 6,312.20 6683 · Special Events Expense 8,731.36 6683 · Special Events Expense 8,255.38 6684 · Equipment 60,25	•	· · · · · · · · · · · · · · · · · · ·
6646 - Insurance 1,735,00 6647 - Facility Rental 2,765,20 6649 - Beaufort County Sheriff 2,913,76 6652 - Ice 3,501,08 6653 - Survey 2,100,00 6654 - Printing 750,00 6655 - Programs 750,00 6656 - Maps 926,00 6657 - Signs 3,025,21 Total 6654 - Printing 4,701,21 6659 - Security 2,737,48 6664 - Licenses 2,732,00 6668 - Wine 1,584,72 6670 - Give Away Item For Survey 686,34 6677 - Lodging 1,233,78 6679 - Enofile Expenses 1,390,00 6680 - Office Expenses 210,00 6681 - Office Expenses 210,00 6681 - Other Event Expenses 139,915,14 6666 - Judging Expenses 4,214,06 Total 6630 · Wine & Food Fest Expenses 6681 - Other Event Expense 6,312,20 6682 - Bank & Credit Card Fees 6,312,20 6683 - Special Events Expense 3,731,36 6683 - Special Events Expense </th <th></th> <th>·</th>		·
6647 - Facility Rental 2,765,20 6649 - Beaufort County Sheriff 2,913,76 6652 - Ice 3,501.08 6653 - Survey 2,100.00 6654 - Printing 750.00 6655 - Programs 750.00 6656 - Maps 926.00 6657 - Signs 3,025.21 Total 6654 - Printing 4,701.21 6659 - Security 2,737.48 6664 - Licenses 2,732.00 6668 - Wine 1,584.72 6670 - Give Away Item For Survey 686.34 6674 - Lodging 1,233.78 6679 - Enofile Expenses 1,390.00 6681 - Office Expenses 210.00 6681 - Other Event Expenses 7,153.92 Total 6630 · Wine & Food Fest Expenses 139,915.14 6666 - Judging Expenses 6,312.20 6682 - Bank & Credit Card Fees 6,312.20 6682 - Bank & Credit Card Fees 6,312.20 6683 - Special Events Expense 8,731.36 6683 - Special Events Expense 8,255.38 6684 - Equipment 602.5		· · · · · · · · · · · · · · · · · · ·
6649 · Beaufort County Sheriff 2,913.76 6652 · Ice 3,501.08 6653 · Survey 2,100.00 6654 · Printing 750.00 6655 · Maps 926.00 6657 · Signs 3,025.21 Total 6654 · Printing 4,701.21 6659 · Security 2,737.48 6664 · Licenses 2,732.00 6668 · Wine 1,584.72 6670 · Give Away Item For Survey 686.34 6677 · Enofile Expenses 1,390.00 6680 · Office Expenses 210.00 6681 · Other Event Expenses 1,390.00 6681 · Other Event Expenses 1,390.00 6681 · Other Event Expenses 3139.915.14 6666 · Judging Expenses 4,214.06 Total 6600 · WineFestival Production Costs 394.494.96 6682 · Bank & Credit Card Fees 6,312.20 6683 · Special Events Expense 8,731.36 6683 · Special Events Expense 8,731.36 6683 · Special Events Expense 12,911.36 6684 · Equipment 60.25 6685 · Insurance 8,255.38		·
6653 - Survey 2,100.00 6654 - Printing 750.00 6655 - Maps 926.00 6657 - Signs 3,025.21 Total 6654 - Printing 4,701.21 6659 - Security 2,737.48 6664 - Licenses 2,732.00 6668 - Wine 1,584.72 6670 - Give Away Item For Survey 686.34 6679 - Enofile Expenses 1,390.00 6680 - Office Expenses 210.00 6681 - Other Event Expenses 7,153.92 Total 6630 · Wine & Food Fest Expenses 139,915.14 6666 - Judging Expenses 4,214.06 Total 6600 · WineFestival Production Costs 394,494.96 6682 · Bank & Credit Card Fees 6,312.20 6683 · Special Events Expense 8,731.36 6683 · Special Events Expense 8,731.36 6683 · Special Events Expense 8,255.38 6686 · Postage 256.00 6689 · Professional Fees - Legal 795.00 6699 · Sponsorship Expense 386.00 6691 · Supplies & Misc. Expense 22,249.65 6693 · Website Maintenance 2,250.00 6697 · Office & Storage Facility Rent	•	,
6654 - Printing 750.00 6655 - Programs 926.00 6657 - Signs 3.025.21 Total 6654 - Printing 4,701.21 6659 - Security 2,737.48 6664 - Licenses 2,732.00 6668 - Wine 1,584.72 6670 - Give Away Item For Survey 686.34 6674 - Lodging 1,233.78 6679 - Enofile Expenses 1,390.00 6680 - Office Expenses 210.00 6681 - Other Event Expenses 7,153.92 Total 6630 - Wine & Food Fest Expenses 139,915.14 6666 - Judging Expenses 4,214.06 Total 6600 - WineFestival Production Costs 394,494.96 6682 - Bank & Credit Card Fees 6,312.20 6683 - Special Events Expense 8,731.36 6683 - Special Events Expense 8,731.36 6683 - Special Events Expense 12,911.36 6684 - Equipment 60.25 6685 - Insurance 8,255.38 6686 - Postage 256.00 6699 - Professional Fees - Legal 795.00 6690 - Sponsorship Expense 22,249.65 <		3,501.08
6655 - Programs 750.00 6656 · Maps 926.00 6657 · Signs 3,025.21 Total 6654 · Printing 4,701.21 6659 · Security 2,737.48 6664 · Licenses 2,732.00 6668 · Wine 1,584.72 6670 · Give Away Item For Survey 686.34 6674 · Lodging 1,233.78 6679 · Enofile Expenses 1,390.00 6680 · Office Expenses 210.00 6681 · Other Event Expenses 7,153.92 Total 6630 · Wine & Food Fest Expenses 139,915.14 6666 · Judging Expenses 4,214.06 Total 6600 · WineFestival Production Costs 394,494.96 6682 · Bank & Credit Card Fees 6,312.20 6683 · Special Events Expense 8,731.36 6684 · Special Events Expense 12,911.36 6684 · Equipment 60.25 6685 · Insurance 8,255.38 6686 · Postage 256.00 6689 · Professional Fees · Legal 795.00 6699 · Sponsorship Expense 386.00 6691 · Supplies & Misc. Expense 22,249.65		2,100.00
Section	•	750.00
6657 · Signs 3,025.21 Total 6654 · Printing 4,701.21 6659 · Security 2,737.48 6664 · Licenses 2,732.00 6668 · Wine 1,584.72 6670 · Give Away Item For Survey 686.34 6674 · Lodging 1,233.78 6679 · Enrofile Expenses 1,390.00 6680 · Office Expenses 210.00 6681 · Other Event Expenses 7,153.92 Total 6630 · Wine & Food Fest Expenses 139,915.14 6666 · Judging Expenses 4,214.06 Total 6600 · WineFestival Production Costs 394,494.96 6682 · Bank & Credit Card Fees 6,312.20 6683 · Special Events Expense 8,731.36 6683 · Special Events Expense 8,731.36 6683 · Special Events Expense 12,911.36 6684 · Equipment 60.25 6685 · Insurance 8,255.38 6686 · Postage 256.00 6689 · Sponsorship Expense 386.00 6691 · Supplies & Misc. Expense 22,249.65 6693 · Website Maintenance 2,250.00 6697 · Office & Storage Facility Ren	<u> </u>	
Total 6654 · Printing 4,701.21 6659 · Security 2,737.48 6664 · Licenses 2,732.00 6668 · Wine 1,584.72 6670 · Give Away Item For Survey 686.34 6674 · Lodging 1,233.78 6679 · Enofile Expenses 1,390.00 6681 · Office Expenses 210.00 6681 · Other Event Expenses 139,915.14 6666 · Judging Expenses 139,915.14 6666 · Judging Expenses 4,214.06 Total 6600 · WineFestival Production Costs 394,494.96 6682 · Bank & Credit Card Fees 6,312.20 6683 · Special Events Expense 8,731.36 6683 · Special Events Expense 8,731.36 6683 · Special Events Expense - Other 4,180.00 Total 6683 · Special Events Expense 12,911.36 6684 · Equipment 60.25 6685 · Insurance 8,255.38 6686 · Postage 256.00 6689 · Professional Fees · Legal 795.00 6690 · Sponsorship Expense 22,249.65 6693 · Website Maintenance 2,250.00 6697 · Office & Sto	•	
6659 · Security 2,737.48 6664 · Licenses 2,732.00 6668 · Wine 1,584.72 6670 · Give Away Item For Survey 686.34 6674 · Lodging 1,233.78 6679 · Enofile Expenses 1,390.00 6680 · Office Expenses 210.00 6681 · Other Event Expenses 7,153.92 Total 6630 · Wine & Food Fest Expenses 6666 · Judging Expenses 4,214.06 Total 6600 · WineFestival Production Costs 394,494.96 6682 · Bank & Credit Card Fees 6,312.20 6683 · Special Events Expense 8,731.36 6683 · Special Events Expense 8,731.36 6683 · Special Events Expense - Other 4,180.00 Total 6683 · Special Events Expense 12,911.36 6684 · Equipment 60.25 6685 · Insurance 8,255.38 6686 · Postage 266.00 6689 · Professional Fees - Legal 795.00 6690 · Sponsorship Expense 386.00 6691 · Supplies & Misc. Expense 2,250.00 6697 · Office & Storage Facility Rent 12,525.00 Total 6100 · Program and Festivals Expense	•	`
6664 · Licenses 2,732.00 6668 · Wine 1,584.72 6670 · Give Away Item For Survey 686.34 6674 · Lodging 1,233.78 6679 · Enofile Expenses 1,390.00 6680 · Office Expenses 210.00 6681 · Other Event Expenses 7,153.92 Total 6630 · Wine & Food Fest Expenses 6666 · Judging Expenses 4,214.06 Total 6600 · WineFestival Production Costs 6682 · Bank & Credit Card Fees 6,312.20 6683 · Special Events Expense 8,731.36 6683 · Special Events Expense 8,731.36 6683 · Special Events Expense - Other 4,180.00 Total 6683 · Special Events Expense - Other 4,180.00 Total 6683 · Special Events Expense 8,255.38 6684 · Equipment 60.25 6685 · Insurance 8,255.38 6686 · Postage 256.00 6689 · Professional Fees - Legal 795.00 6690 · Sponsorship Expense 386.00 6691 · Supplies & Misc. Expense 22,249.65 6693 · Website Maintenance 2,250.00 6697 · Office & Storage Facility Rent 12,525	-	2.737.48
6670 · Give Away Item For Survey 686.34 6674 · Lodging 1,233.78 6679 · Enofile Expenses 1,390.00 6680 · Office Expenses 210.00 6681 · Other Event Expenses 7,153.92 Total 6630 · Wine & Food Fest Expenses 6666 · Judging Expenses 139,915.14 6666 · Judging Expenses 4,214.06 Total 6600 · WineFestival Production Costs 394,494.96 6682 · Bank & Credit Card Fees 6,312.20 6683 · Special Events Expense 8,731.36 6683 · Special Events Expense 8,731.36 6683 · Special Events Expense - Other 4,180.00 Total 6683 · Special Events Expense - Other 4,180.00 Total 6683 · Special Events Expense 12,911.36 6684 · Equipment 60.25 6685 · Insurance 8,255.38 6686 · Postage 256.00 6689 · Professional Fees · Legal 795.00 6690 · Sponsorship Expense 386.00 6691 · Supplies & Misc. Expense 2,249.65 6693 · Website Maintenance 2,250.00 6697 · Office & Storage Facility Rent 12,525.00	•	, -
6674 · Lodging 1,233.78 6679 · Enrofile Expenses 1,390.00 6680 · Office Expenses 210.00 6681 · Other Event Expenses 7,153.92 Total 6630 · Wine & Food Fest Expenses 6666 · Judging Expenses 139,915.14 G666 · Judging Expenses 6660 · WineFestival Production Costs 394,494.96 6682 · Bank & Credit Card Fees 6,312.20 6683 · Special Events Expense 8,731.36 6683 · Special Events Expense 8,731.36 6683 · Special Events Expense - Other 4,180.00 Total 6683 · Special Events Expense 12,911.36 6684 · Equipment 60.25 6685 · Insurance 8,255.38 6686 · Postage 256.00 6689 · Professional Fees - Legal 795.00 6690 · Sponsorship Expense 386.00 6691 · Supplies & Misc. Expense 22,249.65 6693 · Website Maintenance 2,250.00 6697 · Office & Storage Facility Rent 12,525.00 Total 6100 · Program and Festivals Expense 480,495.80 9999 · 9999 Unknown 0.04 Total Expense <th>6668 · Wine</th> <th>1,584.72</th>	6668 · Wine	1,584.72
6679 · Enofile Expenses 1,390.00 6680 · Office Expenses 210.00 6681 · Other Event Expenses 7,153.92 Total 6630 · Wine & Food Fest Expenses 6666 · Judging Expenses 4,214.06 Total 6600 · WineFestival Production Costs 394,494.96 6682 · Bank & Credit Card Fees 6,312.20 6683 · Special Events Expense 8,731.36 6683 · Special Events Expense 8,731.36 6683 · Special Events Expense - Other 4,180.00 Total 6683 · Special Events Expense 12,911.36 6684 · Equipment 60.25 6685 · Insurance 8,255.38 6686 · Postage 256.00 6689 · Professional Fees - Legal 795.00 6690 · Sponsorship Expense 386.00 6691 · Supplies & Misc. Expense 22,249.65 6693 · Website Maintenance 2,250.00 6697 · Office & Storage Facility Rent 12,525.00 Total 6100 · Program and Festivals Expense 480,495.80 9999 · 9999 Unknown 0.04 Total Expense	•	
6680 · Office Expenses 210.00 6681 · Other Event Expenses 7,153.92 Total 6630 · Wine & Food Fest Expenses 139,915.14 6666 · Judging Expenses 4,214.06 Total 6600 · WineFestival Production Costs 394,494.96 6682 · Bank & Credit Card Fees 6,312.20 6683 · Special Events Expense 8,731.36 6683 · Special Events Expense 8,731.36 6683 · Special Events Expense - Other 4,180.00 Total 6683 · Special Events Expense 12,911.36 6684 · Equipment 60.25 6685 · Insurance 8,255.38 6686 · Postage 256.00 6689 · Portage 386.00 6691 · Supplies & Misc. Expense 386.00 6691 · Supplies & Misc. Expense 22,249.65 6693 · Website Maintenance 2,250.00 6697 · Office & Storage Facility Rent 12,525.00 Total 6100 · Program and Festivals Expense 480,495.80 9999 · 9999 Unknown 0.04 Total Expense 480,495.80		·
6681 · Other Event Expenses 7,153.92 Total 6630 · Wine & Food Fest Expenses 139,915.14 6666 · Judging Expenses 4,214.06 Total 6600 · WineFestival Production Costs 394,494.96 6682 · Bank & Credit Card Fees 6,312.20 6683 · Special Events Expense 8,731.36 6683 · Special Events Expense - Other 4,180.00 Total 6683 · Special Events Expense 12,911.36 6684 · Equipment 60.25 6685 · Insurance 8,255.38 6686 · Postage 256.00 6689 · Professional Fees - Legal 795.00 6690 · Sponsorship Expense 386.00 6691 · Supplies & Misc. Expense 22,249.65 6693 · Website Maintenance 2,250.00 6697 · Office & Storage Facility Rent 12,525.00 Total 6100 · Program and Festivals Expense 480,495.80 9999 · 9999 Unknown 0.04 Total Expense 480,495.84	•	•
6666 · Judging Expenses 4,214.06 Total 6600 · WineFestival Production Costs 394,494.96 6682 · Bank & Credit Card Fees 6,312.20 6683 · Special Events Expense 8,731.36 6684 · Stay Gold Event Expense - Other 4,180.00 Total 6683 · Special Events Expense 12,911.36 6684 · Equipment 60.25 6685 · Insurance 8,255.38 6686 · Postage 256.00 6689 · Professional Fees - Legal 795.00 6690 · Sponsorship Expense 386.00 6691 · Supplies & Misc. Expense 22,249.65 6693 · Website Maintenance 2,250.00 6697 · Office & Storage Facility Rent 12,525.00 Total 6100 · Program and Festivals Expense 480,495.80 9999 · 9999 Unknown 0.04 Total Expense 480,495.84		
Total 6600 ⋅ WineFestival Production Costs 394,494.96 6682 ⋅ Bank & Credit Card Fees 6,312.20 6683 ⋅ Special Events Expense 8,731.36 6683 ⋅ Special Events Expense - Other 4,180.00 Total 6683 ⋅ Special Events Expense 12,911.36 6684 ⋅ Equipment 60.25 6685 ⋅ Insurance 8,255.38 6686 ⋅ Postage 256.00 6689 ⋅ Professional Fees - Legal 795.00 6690 ⋅ Sponsorship Expense 386.00 6691 ⋅ Supplies & Misc. Expense 22,249.65 6693 ⋅ Website Maintenance 2,250.00 6697 ⋅ Office & Storage Facility Rent 12,525.00 Total 6100 ⋅ Program and Festivals Expense 480,495.80 9999 ⋅ 9999 Unknown 0.04 Total Expense 480,495.84	Total 6630 · Wine & Food Fest Expenses	139,915.14
6682 · Bank & Credit Card Fees 6,312.20 6683 · Special Events Expense 8,731.36 6683 · Special Events Expense - Other 4,180.00 Total 6683 · Special Events Expense 12,911.36 6684 · Equipment 60.25 6685 · Insurance 8,255.38 6686 · Postage 256.00 6689 · Professional Fees - Legal 795.00 6690 · Sponsorship Expense 386.00 6691 · Supplies & Misc. Expense 22,249.65 6693 · Website Maintenance 2,250.00 6697 · Office & Storage Facility Rent 12,525.00 Total 6100 · Program and Festivals Expense 480,495.80 9999 · 9999 Unknown 0.04 Total Expense 480,495.84	6666 Judging Expenses	4,214.06
6683 · Special Events Expense 8,731.36 6683 · Special Events Expense - Other 4,180.00 Total 6683 · Special Events Expense 12,911.36 6684 · Equipment 60.25 6685 · Insurance 8,255.38 6686 · Postage 256.00 6689 · Professional Fees - Legal 795.00 6690 · Sponsorship Expense 386.00 6691 · Supplies & Misc. Expense 22,249.65 6693 · Website Maintenance 2,250.00 6697 · Office & Storage Facility Rent 12,525.00 Total 6100 · Program and Festivals Expense 480,495.80 9999 · 9999 Unknown 0.04 Total Expense 480,495.84	Total 6600 · WineFestival Production Costs	394,494.96
6683 · Special Events Expense 8,731.36 6683 · Special Events Expense - Other 4,180.00 Total 6683 · Special Events Expense 12,911.36 6684 · Equipment 60.25 6685 · Insurance 8,255.38 6686 · Postage 256.00 6689 · Professional Fees - Legal 795.00 6690 · Sponsorship Expense 386.00 6691 · Supplies & Misc. Expense 22,249.65 6693 · Website Maintenance 2,250.00 6697 · Office & Storage Facility Rent 12,525.00 Total 6100 · Program and Festivals Expense 480,495.80 9999 · 9999 Unknown 0.04 Total Expense 480,495.84	6682 · Bank & Credit Card Fees	6.312.20
6683 · Special Events Expense 4,180.00 Total 6683 · Special Events Expense 12,911.36 6684 · Equipment 60.25 6685 · Insurance 8,255.38 6686 · Postage 256.00 6689 · Professional Fees - Legal 795.00 6690 · Sponsorship Expense 386.00 6691 · Supplies & Misc. Expense 22,249.65 6693 · Website Maintenance 2,250.00 6697 · Office & Storage Facility Rent 12,525.00 Total 6100 · Program and Festivals Expense 480,495.80 9999 · 9999 Unknown 0.04 Total Expense 480,495.84	6683 · Special Events Expense	-7-
Total 6683 · Special Events Expense 12,911.36 6684 · Equipment 60.25 6685 · Insurance 8,255.38 6686 · Postage 256.00 6689 · Professional Fees - Legal 795.00 6690 · Sponsorship Expense 386.00 6691 · Supplies & Misc. Expense 22,249.65 6693 · Website Maintenance 2,250.00 6697 · Office & Storage Facility Rent 12,525.00 Total 6100 · Program and Festivals Expense 480,495.80 9999 · 9999 Unknown 0.04 Total Expense 480,495.84	6654.01 · Stay Gold Event Expense	8,731.36
6684 · Equipment 60.25 6685 · Insurance 8,255.38 6686 · Postage 256.00 6689 · Professional Fees - Legal 795.00 6690 · Sponsorship Expense 386.00 6691 · Supplies & Misc. Expense 22,249.65 6693 · Website Maintenance 2,250.00 6697 · Office & Storage Facility Rent 12,525.00 Total 6100 · Program and Festivals Expense 480,495.80 9999 · 9999 Unknown 0.04 Total Expense	6683 · Special Events Expense - Other	4,180.00
6685 · Insurance 8,255.38 6686 · Postage 256.00 6689 · Professional Fees - Legal 795.00 6690 · Sponsorship Expense 386.00 6691 · Supplies & Misc. Expense 22,249.65 6693 · Website Maintenance 2,250.00 6697 · Office & Storage Facility Rent 12,525.00 Total 6100 · Program and Festivals Expense 480,495.80 9999 · 9999 Unknown 0.04 Total Expense 480,495.84	Total 6683 · Special Events Expense	12,911.36
6685 · Insurance 8,255.38 6686 · Postage 256.00 6689 · Professional Fees - Legal 795.00 6690 · Sponsorship Expense 386.00 6691 · Supplies & Misc. Expense 22,249.65 6693 · Website Maintenance 2,250.00 6697 · Office & Storage Facility Rent 12,525.00 Total 6100 · Program and Festivals Expense 480,495.80 9999 · 9999 Unknown 0.04 Total Expense 480,495.84	6684 · Equipment	60.25
6689 · Professional Fees - Legal 795.00 6690 · Sponsorship Expense 386.00 6691 · Supplies & Misc. Expense 22,249.65 6693 · Website Maintenance 2,250.00 6697 · Office & Storage Facility Rent 12,525.00 Total 6100 · Program and Festivals Expense 480,495.80 9999 · 9999 Unknown 0.04 Total Expense 480,495.84		8,255.38
6690 · Sponsorship Expense 386.00 6691 · Supplies & Misc. Expense 22,249.65 6693 · Website Maintenance 2,250.00 6697 · Office & Storage Facility Rent 12,525.00 Total 6100 · Program and Festivals Expense 480,495.80 9999 · 9999 Unknown 0.04 Total Expense 480,495.84		
6691 · Supplies & Misc. Expense 22,249.65 6693 · Website Maintenance 2,250.00 6697 · Office & Storage Facility Rent 12,525.00 Total 6100 · Program and Festivals Expense 480,495.80 9999 · 9999 Unknown 0.04 Total Expense 480,495.84		
6693 · Website Maintenance 2,250.00 6697 · Office & Storage Facility Rent 12,525.00 Total 6100 · Program and Festivals Expense 480,495.80 9999 · 9999 Unknown 0.04 Total Expense 480,495.84	• • •	
6697 · Office & Storage Facility Rent 12,525.00 Total 6100 · Program and Festivals Expense 480,495.80 9999 · 9999 Unknown 0.04 Total Expense 480,495.84		
9999 · 9999 Unknown 0.04 Total Expense 480,495.84		•
Total Expense 480,495.84	Total 6100 · Program and Festivals Expense	480,495.80
	9999 · 9999 Unknown	0.04
Net Income 24,229.86	Total Expense	480,495.84
	Net Income	24,229.86

Hilton Head Hospitality Association Balance Sheet

As of September 3, 2025

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

Hilton Head Hospitality Association **Profit & Loss**

July 2023 through June 2024

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

Hilton Head Hospitality Association **Profit & Loss**

July 2023 through June 2024

	Jul '23 - Jun 24
6610 · Advertising - ATAX Elgible	
6611 · Print, News Papers	7,339.00
6612 · Magazine	3,932.00
6613 · Digital	1,173.02
6615 · Radio	5,550.00
6617 · Social Media	26,250.00
6618 · Email	3,080.00
6619 · Other Advertising	44,587.20
6610 · Advertising - ATAX Elgible - Other	57,183.99
Total 6610 · Advertising - ATAX Elgible	149,095.21
6630 · Wine & Food Fest Expenses	
6631 · Ticketing Fees	6,291.66
6632 · Logistics	19,290.15
6634 · Trash & Recycling	6,018.30
6635 · Audio, Visual, Etc.	7,989.92
6635.1 · Photography	1,100.00
6636 · Tables, Chairs, Furniture, Etc.	8,766.17
6637 · Tents, Etc.	35,112.12
6638 · Restroom Services	7,109.39
6639 · Transportation	985.00
6642 · Food & Beverage	8,884.00
6643 · Fencing	2,045.87
6644 · Glassware	15,117.23
6645 · Entertainment	9,100.00
6647 · Facility Rental	2,096.71
6649 · Beaufort County Sheriff	2,388.00
6652 · Ice	3,855.93 1,500.00
6653 · Survey	1,300.00
6654 · Printing 6655 · Programs	750.00
6656 · Maps	709.00
6657 · Signs	3,140.89
6658 · Other Printing	279.99
Total 6654 · Printing	4,879.88
	4.544.00
6659 · Security	1,511.62
6660 · Retail Tent Expenses	0.400.40
6661 · Retail Wine Cost	2,409.10
6662 · Merchandise For Sale	2,451.57
6660 · Retail Tent Expenses - Other	221.88
Total 6660 · Retail Tent Expenses	5,082.55
6664 · Licenses	670.62
6667 · Event Food & Beverage	3,771.00
6668 · Wine	780.05
6670 · Give Away Item For Survey	1,963.50
6674 · Lodging	1,545.23
6676 · Awards / Medals	2,013.75 1,405.00
6679 · Enofile Expenses	•
6680 · Office Expenses 6681 · Other Event Expenses	522.15 22,895.27
6661 · Other Event Expenses	22,695.21
Total 6630 · Wine & Food Fest Expenses	184,691.07
6666 · Judging Expenses	6,711.63
Total 6600 · WineFestival Production Costs	431,526.41
6682 · Bank & Credit Card Fees 6683 · Special Events Expense 6654.01 · Stay Gold Event Expense	5,225.49 10,220.88
6683 · Special Events Expense - Other	4,050.58
Total 6683 · Special Events Expense	14,271.46

3:27 PM 08/18/24 Accrual Basis

Hilton Head Hospitality Association **Profit & Loss**

July 2023 through June 2024

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

Hilton Head Hospitality Association Balance Sheet

As of June 30, 2024

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

Hilton Head Hospitality Association **Profit & Loss**

July 2022 through June 2023

	Jul '22 - Jun 23
Income	
4100 · Programs and Festivals 4600 · WineFestival Income	
4605 · Intrn'l Wine Judging Entries	14,720.00
4606 · Admissions	2 000 02
4606.1 · Uncorked 4607 · Grand Tasting	2,668.02 23,370.04
4608 · Public Tasting	123,527.51
4611 · Other Events 4611.11 · Sip & Stroll	18,158.55
4611.22 · Craft Beer Event	13,628.42
Total 4611 · Other Events	31,786.97
4612 · Unassigned Receipts	487.79
Total 4606 · Admissions	181,840.33
Total 4600 · WineFestival Income	196,560.33
4615 · Grand Tasting Auction	6,317.02
4616 · Public Tasting Auction 4617 · Wine Vendor Booths	4,374.00 8,600.00
4618 · Food Vendor Booths	500.00
4619 · Retail Vendor Booths	500.00
4640 · Sponsorship 4655 · Grants	68,850.00
4656 · Town of HHI ATAX	136,631.39
4657 · Beaufort County ATAX 4658 · SCPRT	10,000.00 5,505.00
Total 4655 · Grants	152,136.39
Total 4100 · Programs and Festivals	437,837.74
4611.08 · Stay Gold Event 4800 · Miscellaneous Income	23,201.19 -6,237.46
Total Income	454,801.47
Expense 6100 · Program and Festivals Expense	
6500 · Scholarship Expense	19,651.00
6600 · WineFestival Production Costs 6602 · Marketing & PR	
6606 · Other Marketing & PR	24,000.00
Total 6602 · Marketing & PR	24,000.00
6606.5 · Direct Administrative Expense	
6607 · Festival Director	48,000.00
6608 · Other Direct Administrative	2,200.00
Total 6606.5 · Direct Administrative Expense	50,200.00
6609 · Grand Tasting Expense 6610 · Advertising - ATAX Elgible	17,769.04
6611 · Print, News Papers	10,449.00
6613 · Digital 6614 · Television	27,193.72 2,796.17
6615 · Radio	4,459.52
6617 · Social Media	32,033.94
6618 · Email	13,966.91
6619 · Other Advertising 6619.01 · Advertising Management	16,461.74 6,332.30
	<u> </u>
Total 6610 · Advertising - ATAX Elgible	113,693.30
6629 · Advertising Creative Expense	6,000.00

Hilton Head Hospitality Association **Profit & Loss**

July 2022 through June 2023

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

2:52 PM 09/10/25 Accrual Basis

Hilton Head Hospitality Association **Profit & Loss**

July 2022 through June 2023

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

Hilton Head Hospitality Association Balance Sheet

As of June 30, 2023

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

INTERNAL REVENUE SERVICE DISTRICT DIRECTOR 401 W. PEACHTREE ST. NW ATLANTA, GALLO365 1095

Dates

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

Employer Identification Number: 57-079365
Case Number: 586080027
Contact Person: ARIEANE H. BARRS
Contact Telephone Number: (404) 331-0930

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

Dear Applicant:

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

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

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

In the heading of this letter we have indicated whether you must file form 990; Return of Organization Exempt From Incose Tex. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail; please file the return even if you do not exceed the gross receipts test. If you are not required to file; simply attack the label provided; check the box in the heading to indicate that your 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 penuity of \$10 a day is charged when a return is filed late, unless there is reasonable cause for

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

December 6, 2024

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

Statement of Charges for Services Rendered:

Tax Preparation Fees:

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

990

В

J

Activities & Governance

Revenue

Expenses

Assets or d Balances

Net A Fund B

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information. Jun 30 For the 2023 calendar year, or tax year beginning Jul 2023, and ending 2024 Check if applicable: C Name of organization HILTON HEAD AREA HOSPITALITY ASSOCIATION D Employer identification number Doing business as HILTON HEAD ISLAND WINE & FOOD, INC. 57-0798565 Address change Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite POST OFFICE BOX 5097 (843)301-9256 Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code HILTON HEAD ISLAND, SC 29938 Amended return G Gross receipts \$ 503,557. F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes X No Application pending JEFF GERBER, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938 H(b) Are all subordinates included? Yes No Tax-exempt status 501(c)(3) X 501(c) (6) (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions. Website: www.hiltonheadhospitalityassociation.com H(c) Group exemption number Form of organization: X Corporation Trust Association Other L Year of formation: 1995 M State of legal domicile: SC Summary Part I Briefly describe the organization's mission or most significant activities: TO PROMOTE THE HILTON HEAD ISLAND, SC HOSPITALITY INDUSTRY 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 3 9 4 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 0 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 6 6 200 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 454,801 503,557. Program service revenue (Part VIII, line 2g) 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 503,557. 454,801 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 19,651. 11,000. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 417,872. 491,134. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 437,523. 502,134. 19 Revenue less expenses. Subtract line 18 from line 12 17,278 1,423. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 277,468. 276,045. 21 22 Net assets or fund balances. Subtract line 21 from line 20 276,045 277,468. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Date

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

С	(Code:)	(Expenses \$	including	grants of \$) (Revenue \$)

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

Part	Checklist of Required Schedules			(Contract)
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			4.2
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.		1	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	그렇게 많은 하다 마음이다. 그러나 이 맛이 많은 사람들이 되는 사람들이 되었다. 그리고 하는 사람들이 되었다. 그 그리고 하는 사람들이 모든 사람들이 되었다.	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	4.8		18
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		×
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines 10 and 822 If "Yes." complete Schedule G. Part II.	17		×
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
20-	If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> ,	20a 20b		^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX column (A) line 12 If "Yes" complete Schedule I. Parts Land II.	21		_

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

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0											
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b										
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	3b										
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?											
b	b If "Yes," enter the name of the foreign country											
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
5a												
b												
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											
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×								
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b										
7	Organizations that may receive deductible contributions under section 170(c).											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	70										
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b										
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.0										
	required to file Form 8282?	7c										
d	If "Yes," indicate the number of Forms 8282 filed during the year											
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e										
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f										
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h										
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711										
	sponsoring organization have excess business holdings at any time during the year?	8										
9	Sponsoring organizations maintaining donor advised funds.	178										
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b										
10	Section 501(c)(7) organizations. Enter:											
a	Initiation fees and capital contributions included on Part VIII, line 12											
11	Section 501(c)(12) organizations. Enter:											
а	Gross income from members or shareholders			3								
b	Gross income from other sources. (Do not net amounts due or paid to other sources											
	against amounts due or received from them.)											
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a										
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year											
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	-									
а	Note: See the instructions for additional information the organization must report on Schedule O.	Toa		1007								
b	Enter the amount of reserves the organization is required to maintain by the states in which											
	the organization is licensed to issue qualified health plans											
С	Enter the amount of reserves on hand											
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b										
15	excess parachute payment(s) during the year?	15										
	If "Yes," see the instructions and file Form 4720, Schedule N.	13										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16										
	If "Yes," complete Form 4720, Schedule O.											
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities											
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17										
	If "Yes," complete Form 6069.											

Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management	<u> </u>	·	
	on the determing body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
ь 2	Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		6 () 6) () () ()	
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		×
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	×	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	eding are mirely stand	×
b b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12b		
13	Did the organization have a written whistleblower policy?	12c		×
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	75.75 75.75		
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
L	with a taxable entity during the year?	16a	्रास्ट्रहरू है।	×
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed SC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Γ (sec	tion 5	01(c)
19	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Dupon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re JEFF GERBER, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938 (843) 686-4			

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

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

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

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

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

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

				((C)					
(A)	(B)	,,,,	_4 _4		ition			(D)	(E)	(F)
Name and title	Average					e than o		Reportable	Reportable	Estimated amount
	hours per week					or/trus	tee)	compensation from the	compensation from related	of other
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JAMES HILL	5.00			l						
PRESIDENT & DIRECTOR	ļ	×		×						
(2) SARAH MORGOT SECRETARY & DIRECTOR	2.00	×		×						
(3) GARY WHITEHEAD	3.00									
TREASURER & DIRECTOR		×		×						
(4) MIKE KAUP VICE PRESIDENT & DIRECTOR	2.00	×		×						
(5) ED BROWN	2.00								=-	
DIRECTOR		×			<u> </u>					
(6) CHRISTOPHER TASSONE DIRECTOR	2.00	×								
(7) ROBERT HOHMAN	2.00									
DIRECTOR EMERITUS		×								
(8) HEATHER MASTROPOLE DIRECTOR	3.00	×								
(9) JEFF GERBER EXECUTIVE DIRECTOR	40.00	×						72,000.		
(10)										
(11)										
(12)										
(13)										
(14)								:		

Part	Section A. Officers, Directors,	Trustees,	l cy i	_1111		C)	3, 41	iu i	ngnest compe	msated Emplo	yees	COITE	lucu
	(A) Name and title	(B) Average hours per week	box,	unles er and	Position check more the ess person is and a director/			nan	(D) Reportable compensation from the	(E) Reportable compensation from related	Estimated a of othe compensa		r
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)		orga	from the nization organiz	and
(15)							Ω.						
(16)													
(17)													-
(18)													
(19)													
(20)	7							-					
(21)													
(22)													

(23)													
(24)		4											
(25)													
1b c	Subtotal		n A	•					72,000.				
2	Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organ	ut not limited	v .				above	e) w	72,000. ho received mor	e than \$100,000	of		
3	Did the organization list any former employee on line 1a? If "Yes," complete								oyee, or highes		3	Yes	No ×
4	For any individual listed on line 1a, is the organization and related organizations individual		an \$1	50,									×
5	Did any person listed on line 1a receive for services rendered to the organization												×
Secti 1	on B. Independent Contractors Complete this table for your five hig compensation from the organization. Rep	hest comp	ensate	ed i	inde	eper	ndent	CO	ntractors that r	eceived more	than \$		00 of
	(A) Name and business ad								(B) Description of serv		(C) Compen	ĺ.	
					_								
2	Total number of independent contract received more than \$100,000 of compen						ed to	th	ose listed abov	e) who			

Form 9	990 (202	3)								Page 9
Par	VIII									
		Check if Schedule	0 00	ontains a re	espor	nse or note to an	y line in this Pa	art VIII		🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaig	ns .	+ + +	1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b				100	
s, G	C	Fundraising events			1c	363,635.				
Sift	d	Related organizatio Government grants			1d	120 022				
imi	e f	All other contribution			1e	139,922.				N
tior er S		and similar amounts n			1f					
ibu	g	Noncash contribution						6.00		
ontr		lines 1a-1f			1g	\$				
ğ ç	h	Total. Add lines 1a-	-1f .				503,557.			
۵						Business Code				
Program Service Revenue	2a									
gram Ser Revenue	b	***************************************								
T.	d	***************************************								
gra	e									
Pro	f	All other program se								
	g	Total. Add lines 2a-	-2f .							
	3	Investment income								
		other similar amour								
	4	Income from investr			npt bo	ond proceeds		- Assessment and the second		
	5	Royalties		(i) Rea		(ii) Personal				
	6a	Gross rents	6a	(i) Nea		(ii) Personal				
	b	Less: rental expenses	6b							(
	c	Rental income or (loss)	6c							
	d	Net rental income o		s)						
	7a	Gross amount from		(i) Securi		(ii) Other		1-1-1		
		sales of assets								
		other than inventory	7a							
nue	b	Less: cost or other basis								
Ver		and sales expenses .	7b		-					
Other Reve	d	Gain or (loss) Net gain or (loss)	7c		_					
her		Gross income from	m fu	ndrajejna						
ō	Oa	events (not including								
		of contributions rej								
	150	1c). See Part IV, line	18		8a			3		
	b	Less: direct expens			8b					
	С	Net income or (loss)			g eve	ents				
	9a	Gross income factivities. See Part I			0-					
	b	Less: direct expens			9a 9b					
		Net income or (loss)			-	25				
		Gross sales of in								
		returns and allowan	ces		10a					
	b	Less: cost of goods			10b					
	С	Net income or (loss)	from	sales of ir	rvento					
sno	4.					Business Code				
scellaneo Revenue	11a									
ella	b									
Miscellaneous Revenue	d	All other revenue								
Σ	e	Total. Add lines 11a								
	12	Total revenue. See					503,557.			

Part IX Statement of Functional Expenses

D.	Check if Schedule O contains a response				
8b, 9l	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	11,000.	11,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
5	Benefits paid to or for members				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10 11	Other employee benefits				
a b	Management	48,000.	48,000.		
c d	Accounting	1,000.		1,000.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)				
12 13	Advertising and promotion	148,295.	148,295.	F00	
14	Office expenses	522.		522.	
15	Royalties				
16	Occupancy	12,998.		12,998.	
17	Travel	12/330.		12/000.	
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.)				
-		202		262	
a b	POSTAGE EQUIPMENT	262.		262.	
C	WEBSITE MAINTENANCE	800.		800.	
d	FESTIVAL PRODUCTION COST	268,844.	268,844.	000.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	502,134.	486,502.	15,632.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

in.		-	-
Pag	e	- 1	4

	t XI Reconciliation of Net Assets	-	_	Pe	ge 12
	Check if Schedule O contains a response or note to any line in this Part XI				
1		1		03,5	
2		2		02,1	
3	Revenue less expenses. Subtract line 2 from line 1 ,	3		1,4	23.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	76,0	45.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O) ,	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B)) ,	10	2	77,4	68.
	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII			Yes	
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," exp Schedule O.	lain on			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both.		2a		×
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both.		2b		×
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversthe 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, exp Schedule O.	lain on			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		3b		
	REV 09/17/24 PRO		For	m 990	(2023)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No. 1545-0047

Open to Public Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number HILTON HEAD AREA HOSPITALITY ASSOCIATION 57-0798565 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b c Number of conservation easements on a certified historic structure included on line 2a . . . 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

b Assets included in Form 990, Part X .

\$

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

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

Dox	Organizations Maintaining	Oallac		Ant Lin	lawiaal 7	<u> </u>	O	ha u Cimaila u A	anata (aa	otious dl
	Organizations Maintaining									
3	Using the organization's acquisition, a collection items (check all that apply).	accessi	on, and o	tner reco	ras, cnec	ck any of th	ne tollov	ving that make	significant	use of its
а	☐ Public exhibition			d	☐ Loan	or exchang	ge prog	ram		
b	☐ Scholarly research									
С	Preservation for future generations				_					
4	Provide a description of the organizat		ollections	and expla	ain how t	hev further	the or	anization's exe	mpt purpo	se in Part
	XIII.					,		,		
5	During the year, did the organization	solicit	or receive	donation	s of art	historical t	reasure	s or other simi	lar	
_	assets to be sold to raise funds rather									. □ No
Dort			_			o organizat				<u> </u>
Part		-		, –	000 /		•			_
	Complete if the organization	answe	erea "Yes	on For	m 990, i	Part IV, IIn	e 9, or	reported an a	mount on	Form
	990, Part X, line 21.									
Та	Is the organization an agent, trustee,								ot	_
	included on Form 990, Part X?								☐ Yes	s □ No
b	If "Yes," explain the arrangement in Pa	art XIII a	and compl	ete the fo	llowing to	able.				
								7	Amount	
С	Beginning balance						10	;		
d	Additions during the year						10			
e	Distributions during the year						16			
f	Ending balance						11			 -
2a	Did the organization include an amour									
									•	
	If "Yes," explain the arrangement in Pa	art XIII.	Check ner	e if the e	kpianatio	n nas been	provia	ed in Part XIII .		
Par										
	Complete if the organization									
		(a) Cu	rrent year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years bad	k (e) Four	ears back
1a	Beginning of year balance									
b	Contributions					ļ				
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses			 						
	· •									
g	End of year balance	• • • • • • • • • • • • • • • • • • • •		1 15 - 1	- (C 4 -	l	- AA - 1 - 1 - 1	<u> </u>		
2	Provide the estimated percentage of the				e (line 1g	i, column (a	a)) neid	as:		
а	Board designated or quasi-endowmen	nt 		%						
b	Permanent endowment	%								
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2									
3a	Are there endowment funds not in the	e posse	ssion of the	ne organi	zation tha	at are held	and ad	ministered for t	he _	
	organization by:								'	es No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?								3a(ii)	
b	If "Yes" on line 3a(ii), are the related or								3b	
4	Describe in Part XIII the intended uses								سلستسلم	
Part										
	Complete if the organization		ered "Yes	" on For	m 990. F	Part IV. lin	e 11a.	See Form 990	. Part X. li	ne 10.
	Description of property	1	(a) Cost or o			or other basis		Accumulated	(d) Book	
	Dodding. or property	'	(investm			ther)		epreciation	(4) 500	
12	Land						30 C 15 F			
b	Buildings	⊢					1 to an illinois	and the street of		
	S	⊢					 			
q C	Leasehold improvements	· · ⊢		658.						658.
d	Equipment	· ·		638.			 			038.
	Other		iol Form 0	00 Dod 1	l line 10	o och man	<u> </u>			CEO
ı vıal.	Add lines ta infought te. (Column (d) m	iust eqt	<i>иан гогт 9</i>	eυ, raπ λ	, iine 100	o, column (<i>ם) .</i>			658.

Part VII	Investments—Other Securities	m 000 Part IV line	11h Son Form 000 Part V line 12
	Complete if the organization answered "Yes" on Form (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
	neld equity interests		
(3) Other			
(A)			
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Colu	mn (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII	Investments - Program Related		and the second second second
	Complete if the organization answered "Yes" on Form	m 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)			
	mn (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	Other Assets Complete if the organization answered "Yes" on Form	m 990, Part IV, line	
	(a) Description		(b) Book value
(1)			
(2)			V
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
	mn (b) must equal Form 990, Part X, line 15, col. (B))	2011/08/04 07:05	763 7 467 1
Part X	Other Liabilities Complete if the organization answered "Yes" on Forline 25.	TALL CONTRACTOR	Control of the Contro
1.	(a) Description of liability		(b) Book value
(1) Federal in			(-)
(2)	and three		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, line 25, col. (B))		
	r uncertain tax positions. In Part XIII, provide the text of the footnot		
organization	's liability for uncertain tax positions under FASB ASC 740. Check	here if the text of the	tootnote has been provided in Part XIII . 🔝

Part	ΧI	Reconciliation of Revenue per Audited Financial Stateme		Return
		Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1	Total	revenue, gains, and other support per audited financial statements		1
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net u	nrealized gains (losses) on investments	2a	
b	Donat	ted services and use of facilities	2b	
C	Reco	veries of prior year grants	2c	
d	Other	(Describe in Part XIII.)	2d	(大)
е	Add li	nes 2a through 2d		2e
3	Subtr	act line 2e from line 1		3
4	Amou	ints included on Form 990, Part VIII, line 12, but not on line 1:		
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other	(Describe in Part XIII.)	4b	
С	Add li	nes 4a and 4b		4c
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part	XII	Reconciliation of Expenses per Audited Financial Statem	ents With Expenses po	er Return
		Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1	Total	expenses and losses per audited financial statements		1
2	Amou	ints included on line 1 but not on Form 990, Part IX, line 25:		4.14
а	Donat	ted services and use of facilities	2a	in the Control of the
b	Prior y	year adjustments	2b	
С	Other	losses	2c	1
d	Other	(Describe in Part XIII.)	2d	12.1
е	Add li	nes 2a through 2d		2e
3	Subtr	act line 2e from line 1		3
4	Amou	ints included on Form 990, Part IX, line 25, but not on line 1:		
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other	(Describe in Part XIII.)	4b	
C	Add li	nes 4a and 4b		4c
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
5 Part	Total XIII	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information	: 18.)	5
5 Part Provid	Total XIII e the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total XIII e the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information	9 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total XIII e the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total XIII e the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total XIII e the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total XIII e the c	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.)	5 p; Part V, line 4; Part X, line
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Schedule D (For	n 990) 2023 Pag	је 5
	Supplemental Information (continued)	_
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2023

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

HILTON HEAD AREA HOSPITALITY ASSOCIATION	57-0798565
Pt VI, Line 11b: A COPY OF THE FORM 990 IS FURNISHED TO EACH BO	DARD MEMBER
Pt VI, Line 11b: FOR REVIEW PRIOR TO BEING APPROVED BY THE BOAR	RD AND FILING
OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE	
Pt VI, Line 19: A COPY OF THE FORM 990 IS AVAILABLE AT THE ORGA	ANIZATION'S OFFICE
FOR ANYONE REQUESTING TO VIEW A COPY OF THE FORM 990 AND THE FO	ORM 990 IS AVAILABLE
FOR VIEWING ON THE WEBSITE OF GUIDESTAR.	
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Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning $\ Jul\ 1$, 2023, and ending $\ Jun\ 30$, 2024

OMB No. 1545-0047

Department of the Treasury

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

internal Revenue Service					
Name of filer				EIN or SSN	
HILTON HEAD AR		Y ASSOCIATION		57-0798565	5
Name and title of officer or	person subject to tax				
JEFF GERBER, E					
	f Return and Ret		_	4	
8038-CP and Form 53 3a, 4a, 5a, 6a, 7a, 8a 3b, 4b, 5b, 6b, 7b, 8b	330 filers may enter , 9a , or 10a below, a , 9b , or 10b , whiche	you are using this Form 8879-TE and endellars and cents. For all other forms, endend the amount on that line for the return lever is applicable, blank (do not enter -0-). ore than one line in Part I.	ter whole dollars being filed with t	s only. If you che this form was bla	eck the box on line 1a, 2a, ank, then leave line 1b, 2b,
1a Form 990 che	· —	b Total revenue, if any (Form 990, Pa	rt VIII. column (A), line 12)	1b
2a Form 990-EZ	=	b Total revenue, if any (Form 990-EZ,			2b
3a Form 1120-PO	_	b Total tax (Form 1120-POL, line 22)			3b
4a Form 990-PF		b Tax based on investment income			4b
5a Form 8868 ch		b Balance due (Form 8868, line 3c) .	-		5b 0.
6a Form 990-T c		b Total tax (Form 990-T, Part III, line 4			6b
	eck here	b Total tax (Form 4720, Part III, line 1)			7b
	eck here	b FMV of assets at end of tax year (I			8b
	eck here	b Tax due (Form 5330, Part II, line 19)		•	9b
10a Form 8038-CP		b Amount of credit payment requeste			10b
		ure Authorization of Officer or Pe	rson Subject	to Tax	
		I am an officer of the above entity or			with respect to (name
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Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

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

2022

OMB No. 1545-0047

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

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

Name of filer HILTON HEAD AREA HOSPITALITY ASSOCIATION	EIN or SSN	
HILTON HEAD AREA HOSPITALITY ASSOCIATION	12 01 21 22 22	
Name and title of officer or person subject to tax	57-0798565	
JEFF GERBER, EXECUTIVE DIRECTOR Part 1 Type of Return and Return Information		
Check the box for the return for which you are using this Form 8879-TE and enter the applications	able amount if an	y from the return Form
8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollar 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you enter applicable line below. Do not complete more than one line in Part I.	rs only. If you chec this form was blar	ck the box on line 1a, 2a, nk, then leave line 1b, 2b,
1a Form 990 check here 🗵 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		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, Iten		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-Cl		10b
Part II Declaration and Signature Authorization of Officer or Person Subject		200 110 110 120 120
Under penalties of perjury, I declare that 🗵 I am an officer of the above entity or 🔲 I am a persof entity) , (EIN)		amined a copy of the
Intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent (direct debit) entry to the financial institution account indicated in the tax preparation software for p	the IRS and to red y in processing the nt to initiate an elec- payment of the feder	ceive from the IRS (a) an return or refund, and (c) ctronic funds withdrawal eral taxes owed on this
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Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

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

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

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

Open to Public Inspection

A For the 2022 calendary year, or tax year beginning	B Check if applicable: Address change Doing business as HILTON HEAD ISLAND WINE & FOOD, INC. Name change Initial return POST OFFICE BOX 5097 City or town, state or province, country, and ZIP or foreign postal code HILTON HEAD ISLAND, SC 29938 F Name and address of principal officer: SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938 Tax-exempt status: SOUTH ENTRUP, POST OFFICE BOX 501(c) (6) (insert no.) 4947(a)(1) or 527 Website: www.hiltonheadhospitalityassociation.com K Form of organization: Corporation Trust Association Other C Name of organization HILTON HEAD ISLAND AREA HOSPITALITY ASSOCIATION D Employer identification 57-0798565 E Telephone number (843) 441-963 G Gross receipts \$ G Gross receipts \$ H(a) Is this a group return for subordinates? [H(b) Are all subordinates included? [H(b) Are all subordinates included? [H(c) Group exemption number H(c) Group exemption number K Form of organization: Corporation Trust Association Other L Year of formation: 1995 M State of legal domices in the company of the company	454,801. Yes No Yes No tions. Citle: SC ALITY INDUSTRY S. 9 0
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Briefly describe the organization's mission or most significant activities: 10 ROWITS THE HILTON HAD ISLAND, SC HOSPITALITY INDUSTRY 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 3 9 9 4 Number of independent voting members of the governing body (Part VI, line 1b). 4 9 9 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a). 5 Total number of votunteers (estimate if necessary). 6 0 200 7a Total number of volunteers (estimate if necessary). 7 Total unrelated business taxable income from Porn 990-T, Part I, line 11. 8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, column (A), lines 1). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1). 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 1). 16 Professional fundraising expenses (Part IX, column (A), line 11e). 17 Other expenses (Part IX, column (A), line 11e). 18 Total expenses. Add lines 13-17 (must equal Part III, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 20. 20 Total assets (Part X, line 26). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Total assets (Part X, line 26). 24 Total liabilities (Part X, line 26). 25 Revenue less expenses. Subtract line 21 from line 20. 25 Royal (Part II). 26 Signature Block 27 Total liabilities (Part X, line 26). 28 Part II Signature Block 29 Part II Signature Block 20 Total assets (Part X, line 26). 21 From proper revense (Part X, line 26). 25 Royal (Part X, line 26). 26 Print Type orpoint ame and title 27 Print Type orpoint ame and title 28	Part Summary	s. 9 9
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b Net unrelated business taxable income from 990-T, Part I, line 11 7b 0. 8 Contributions and grants (Part VIII, line 1h) 640, 684 454, 801. 9 Program service revenue (Part VIII, line 2g) 640, 684 454, 801. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 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), line 4) 6, 000 19, 651. 14 Benefits paid to or for members (Part IX, column (A), line 4) 6, 000 19, 651. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 5 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 11e) 5 Total expenses. Subtract line 18 from line 12 109, 272 17, 278. 18 Total expenses. Subtract line 18 from line 12 109, 272 17, 278. 19 Revenue less expenses. Subtract line 18 from line 20 258, 767 276, 045. 20 Total assets (Part X, line 26) 28 Net assets or fund balances. Subtract line 21 from line 20 258, 767 276, 045. 21 Total liabilities (Part X, line 26) 28 Net assets or fund balances. Subtract line 21 from line 20 258, 767 276, 045. 22 Information of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is funder or print name and title Paid Preparer 10 Date Check X if PTIN 109124405 10 Print/Type preparer's name Preparer's signature Preparer's signature Print I BERNHEIM Proj22023 self-employed Proj22023 self-employed Proj22023 self-employed Print Print I BERNHEIM Proj22023 self-employed Print I BERNHEIM Print I BERNHEIM Prints name HUBERT L. BERNHEIM, CPA		
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b Net unrelated business taxable income from Form 990-T, Part I, line 11	7a Total unrelated business revenue from Part VIII, column (C), line 12	
8 Contributions and grants (Part VIII, line 1h)		
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 4) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total lassets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 25 Signature Block 19 JEFF GERBER, EXECUTIVE DIRECTOR Type or print name and title Preparer 10 Investment income (Part VIII, column (A), lines 13-17 (must equal Part IX, column (A), lines 12) 26 Point III Signature Block 10 Jeff GERBER, EXECUTIVE DIRECTOR Type or print name and title Preparer 10 Jeff GERBER, EXECUTIVE DIRECTOR Type or print name and title Prim's name HUBERT L. BERNHEIM, CPA Firm's name HUBERT L. BERNHEIM, CPA Firm's name HUBERT L. BERNHEIM, CPA Firm's sin 36-2750133		
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 4) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total lassets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 25 Signature Block 19 JEFF GERBER, EXECUTIVE DIRECTOR Type or print name and title Preparer 10 Investment income (Part VIII, column (A), lines 13-17 (must equal Part IX, column (A), lines 12) 26 Point III Signature Block 10 Jeff GERBER, EXECUTIVE DIRECTOR Type or print name and title Preparer 10 Jeff GERBER, EXECUTIVE DIRECTOR Type or print name and title Prim's name HUBERT L. BERNHEIM, CPA Firm's name HUBERT L. BERNHEIM, CPA Firm's name HUBERT L. BERNHEIM, CPA Firm's sin 36-2750133	8 Contributions and grants (Part VIII line 1b) 640, 684	454.801
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9 Program service revenue (Part VIII) line 2g)	101/0011
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10 Investment income (Part VIII column (A) lines 3.4 and 7d)	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . 6,000. 19,651. 14 Benefits paid to or for members (Part IX, column (A), line 4)	11 Other revenue (Part VIII, column (A), lines 5, 4, and 70)	
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 525, 412 417, 872 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 531, 412 437, 523 19 Revenue less expenses. Subtract line 18 from line 12 109, 272 17, 278 17, 278 19 Revenue less expenses. Subtract line 18 from line 12 258, 767 276, 045 19 258, 767 276, 045 19 258, 767 276, 045 10 258, 767		
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Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	16a Professional fundraising fees (Part IX, column (A), line 11e)	area water a foreign
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	b Total fundraising expenses (Part IX, column (D), line 25)	
19 Revenue less expenses. Subtract line 18 from line 12	17 Other expenses (Part IX, Column (A), lines 11a-11d, 111-24e)	
Total assets (Part X, line 16)		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date JEFF GERBER, EXECUTIVE DIRECTOR Type or print name and title Paid Preparer HUBERT L BERNHEIM Preparer Use Only Pirm's name HUBERT L. BERNHEIM, CPA Firm's name HUBERT L. BERNHEIM, CPA Firm's signature of officer Date Check X if PTIN of the proparer of the print of the print of the preparer of the print of the print of the preparer of the print of the preparer of the print of the preparer of the print o	19 Revenue less expenses. Subtract line 18 from line 12	
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Type or print name and title Paid Preparer Use Only Firm's name HUBERT L BERNHEIM Preparer (other than officer) is based on all information of which preparer has any knowledge. Date Date Date Print/Type preparer's name HUBERT L BERNHEIM Preparer's signature Preparer's signature Date Check X if PTIN 09/22/2023 self-employed P01284405	Part II Signature Block	
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Preparer Use Only HUBERT L BERNHEIM 09/22/2023 self-employed P01284405 Firm's name HUBERT L. BERNHEIM, CPA Firm's EIN 36-2750133	Type or print name and title	
Preparer Use Only HUBERT L BERNHEIM 09/22/2023 self-employed P01284405 Firm's name HUBERT L. BERNHEIM, CPA Firm's EIN 36-2750133	Daid Chick M	· · · · · · · · · · · · · · · · · · ·
Use Only Firm's name HUBERT L. BERNHEIM, CPA Firm's EIN 36-2750133	LUIDEDT I DEDNUETM 00/22/2023 self-employed police	284405
USE OTHER	Firebook UNDERS DEPARTMENT OF STATES	
	OSC OTHY	
May the IRS discuss this return with the preparer shown above? See instructions	<u> </u>	

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

) (Revenue \$

including grants of \$

(Expenses \$ incl
Total program service expenses

Part	V Checklist of Required Schedules			
	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_×
4	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. 98-197 If "Yes," complete Schedule C, Part III	5		V
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-	:	×
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
9	complete Schedule D, Part III	8		×
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V			_×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		×
а	VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
b	complete Schedule D, Part VI	11a	×	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		 ^`
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	146		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_ <u>×</u> _
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
00-	If "Yes," complete Schedule G, Part III	19		×
20a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		_ ×
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX column (A) line 12 if "Yes" complete Schedule I. Parts Land II.	200		

Part	Checklist of Required Schedules (continued)			
00	Did the agreeination ground there \$5,000 of grants or other agricultures to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		×
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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	200		\vdash
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	00-		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33	-	
05	or IV, and Part V, line 1	34		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>		
	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	7 7 4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	10	ائد ساتھ 🗙	himila

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	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).		Fig. 32	
_	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		-^-
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	. 113404.1	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		 -
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		
4	· ·	7c	in sec	i e o dia
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Lvaili
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g 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		ĒÆ	
	sponsoring organization have excess business holdings at any time during the year?	8	Francisco (andre specie
9	Sponsoring organizations maintaining donor advised funds.	· Lik	X is	1853 (375)
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		J
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	1 -1 1		i i
а	Initiation fees and capital contributions included on Part VIII, line 12			ng Sa
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	100		
11	Section 501(c)(12) organizations. Enter:			'. ₩.,
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1772174
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	14.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	्रीत(१७५)	1.50
b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which	a.		
	the organization is licensed to issue qualified health plans	建筑		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	Tables .	×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<u> </u>		
	excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.	T. (5)	1977	- Chilli
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		ľ
	If "Yes," complete Form 4720, Schedule O.	2 4 1		1.00
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			tu select

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

-01111 990 (202		90.
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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) SCOTT ENTRUP	5.00									
PRESIDENT & DIRECTOR		×		×	<u> </u>					
(2) SARAH MORGOT SECRETARY & DIRECTOR	2.00	×		×						
(3) GARY WHITEHEAD TREASURER & DIRECTOR	3.00	×		×						
(4) MIKE KAUP VICE PRESIDENT & DIRECTOR	2.00	×		×						
(5) ED BROWN DIRECTOR	2.00	×								
(6) CHRISTOPHER TASSONE DIRECTOR	2.00	×								
(7) JAMES HILL DIRECTOR	2.00	×								
(8) ROBERT HOHMAN DIRECTOR EMERITUS	2.00	×								
(9) HEATHER MASTROPOLE DIRECTOR	3.00	×								
(10) JEFF GERBER EXECUTIVE DIRECTOR	4.00	×						48,000.		
(11)										
(12)										
(13)										
(14)										

	VII Section A. Officers, Directors,	1 40.000,	licy.		_	C)	o, an	-	ing.reet compe		, , ,		
	(A) Name and title	(B) Average hours per week	box,	unles er an	Pos neck ss pe	more rson irect	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	0	(F) ated am f other pensati	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)		om the lization organiza	
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)	***************************************												
(24)	***************************************												
(25)													
1b c	Subtotal								48,000.				
d	Total (add lines 1b and 1c)	t not limited	to th	nose	list	ed	above	e) w	ho received mor	l e than \$100,000	of		
3	Did the organization list any former employee on line 1a? If "Yes," complete	officer, dire									3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re greater th	portal	ble 150,	con	npei	nsatio	n a s,"	nd other compe	nsation from the			×
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsa	tion	froi	m any	un	related organiza		5		×
Sect 1	on B. Independent Contractors Complete this table for your five high compensation from the organization. Rep	nest comp	ensate	ed	inde	eper	ndent	СО	entractors that	received more	than \$		
	(A) Name and business add							, ,	(B) Description of ser		(C) Compens		,
2	Total number of independent contractor	ors (includir	ng bi	ıt n	ot I	imit	ed to	th.	ose listed above	re) who			

-		Check if Schedule O contains a response of	or note to an				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b			1450	15	1 =
	С	Fundraising events 1c	302,665.				
ifts ar	d	Related organizations 1d					
B, G	e	Government grants (contributions) 1e	152,136.				
ons Si	f	All other contributions, gifts, grants, and similar amounts not included above					
outi	g	and similar amounts not included above 1f Noncash contributions included in					
it o	9	lines 1a–1f 1g \$					
Cor	h	Total. Add lines 1a–1f		454,801.			
	- '		usiness Code	101/001.			
ce	2a						
e Zi	b						
gram Ser Revenue	С						
eve	d						
Program Service Revenue	е						
ď	f	All other program service revenue					
	g	Total. Add lines 2a–2f					
	3	Investment income (including dividends, in other similar amounts)					
	4	Income from investment of tax-exempt bond					
	5	Royalties					
			(ii) Personal				
	6a	Gross rents 6a			- 1	+ 1	
	b	Less: rental expenses 6b				E - 1	
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory 7a					
	h	cother than inventory 7a Less: cost or other basis					
nue	D	and sales expenses . 7b					
evenue	С	Gain or (loss) 7c					
Ä	d	Net gain or (loss)					
Other R		Gross income from fundraising					
ō		events (not including \$ 302, 665.					1116
		of contributions reported on line	1				
		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 . ga					
	b	activities. See Part IV, line 19 . 9a Less: direct expenses 9b					
	C	Net income or (loss) from gaming activities .					
		Gross sales of inventory, less					
		returns and allowances 10a					Walleton .
	b	Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory .					
Sn		В	usiness Code				
ne on	11a						
Miscellaneous Revenue	b						
Rev	C	All other revenue					
ž	d e	All other revenue		0.	0.	0.	0.
	12	Total revenue. See instructions		454,801.	0.	0.	0.

	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete				
	Check if Schedule O contains a response				
8b, 9b	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	19,651.	19,651.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
5	Benefits paid to or for members				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	48,000.	48,000.		
b	Legal				
C	Accounting	750.		750.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	143,693.	143,693.		
13	Office expenses	1,011.	143,093.	1,011.	
14	Information technology	1,011.		1,011.	
15	Royalties				
16	Occupancy	12,775.		12,775.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	0.007	0.007		
23	Insurance	8,027.	8,027.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If			-	
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	POSTAGE	293.		293.	
b	EQUIPMENT	51.		51.	
c	WEBSITE MAINTENANCE	1,362.		1,362.	
d	FESTIVAL PRODUCTION COST	201,910.	201,910.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	437,523.	421,281.	16,242.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	229,637.	1	262,290.
S	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	28,472.	4	13,097.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	- 3	6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Asi	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 658.			
	b	Less: accumulated depreciation 10b	658.	10c	658.
	11	Investments—publicly traded securities , , ,		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	258,767.	16	276,045.
	17	Accounts payable and accrued expenses		17	
Liabilities	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		2.4	
		of Schedule D		25	
Vice of	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 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.		28	
	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.
it A	32	Total net assets or fund balances	258,767.	32	276,045.
ž	33	Total liabilities and net assets/fund balances	258,767.		276,045.

_	4	n
rage	1	_

Part				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		54,801.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	<u>37,523.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>17,278.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	58,767.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	10	2	76,045.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		· · ·	🗆
				Yes No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_ 4.3	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on	
	Schedule O.		و المسا	
2a	The state of garages and the state of the st		2a	×
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or	
	reviewed on a separate basis, consolidated basis, or both:		16.570	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		-	
b	The same and an arrangement of the same and		2b	×
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	ıa ∰	
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over			
	the audit, review, or compilation of its financial statements and selection of an independent accounts			
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain	on	
2-				المداعة لعقابا
3a	The service of the se	πn in t		
L	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			
	required addit of addits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		
	PEV 05/17/23 PPO		For	n 990 (2022)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name (of the organization		Employer identification number
	TON HEAD AREA HOSPITALITY ASSOCIATIO		57-0798565
Par	Organizations Maintaining Donor Advis Complete if the organization answered "Y		
		(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		
6	Did the organization inform all donors and donor a funds are the organization's property, subject to the Did the organization inform all grantees, donors, and only for charitable purposes and not for the benefit conferring impermissible private benefit?	organization's exclusive legal cont d donor advisors in writing that gra of the donor or donor advisor, or	rol?
Par	Conservation Easements.		Yes N
	Complete if the organization answered "Y	es" on Form 990, Part IV, line 7	7.
1	Purpose(s) of conservation easements held by the or	ganization (check all that apply).	
	Preservation of land for public use (for example, recrea Protection of natural habitat		n of a historically important land area n of a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization held	a qualified conservation contribut	ion in the form of a conservation
-	easement on the last day of the tax year.	a quamed conservation continuat	Held at the End of the Tax Yea
2			
a b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified his		
d	Number of conservation easements included in (c) a	cquired after July 25, 2006, and no	ot on a
3	Number of conservation easements modified, transfitax year		The state of the s
4 5	Number of states where property subject to conserva Does the organization have a written policy rega violations, and enforcement of the conservation ease	rding the periodic monitoring, in	
6	Staff and volunteer hours devoted to monitoring, inspecti	ing, handling of violations, and enforc	ing conservation easements during the ye
7	Amount of expenses incurred in monitoring, inspecting,	, handling of violations, and enforcin	g conservation easements during the ye
8	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of to organization's accounting for conservation easement	nservation easements in its revenu the footnote to the organization's fi	e and expense statement and
Pari	Organizations Maintaining Collections Complete if the organization answered "Y		
1a	If the organization elected, as permitted under FASB of art, historical treasures, or other similar assets historical provide in Part XIII the text of the footnote to	neld for public exhibition, education	on, or research in furtherance of publ
b	If the organization elected, as permitted under FASE art, historical treasures, or other similar assets held for provide the following amounts relating to these items	3 ASC 958, to report in its revenue or public exhibition, education, or res:	e statement and balance sheet works of research in furtherance of public service
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	(II) Assets included in Form 990, Part X. If the organization received or held works of art, h	istorical treasures, or other simila	ar assets for financial gain, provide the
4	following amounts required to be reported under FAS		
a b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		\$

Part									
3	Using the organization's acquisition, acce collection items (check all that apply):	ession, and oth	ner recoi	ds, chec	k any of th	e follow	ring that make s	ignificant u	se of its
а	☐ Public exhibition		d	🗌 Loan	or exchang	e progr	am		
b	☐ Scholarly research		е	Other	,				
С	☐ Preservation for future generations								
4	Provide a description of the organization's XIII.	s collections a	ınd expla	ain how tl	hey further	the org	anization's exen	npt purpos	e in Part
5	During the year, did the organization solid	cit or receive of	donation	s of art,	historical to	reasures	s, or other simila	ır	
	assets to be sold to raise funds rather than	n to be maintai	ined as p	part of the	e organizati	ion's co	llection?	☐ Yes	☐ No
Part	V Escrow and Custodial Arrange	ements.							
	Complete if the organization ans 990, Part X, line 21.								orm
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?							ot 🗌 Yes	□ No
b	If "Yes," explain the arrangement in Part X	III and comple	te the fo	llowing ta	able:				
							Ai	mount	
С	Beginning balance					10			
d	Additions during the year					1d			
е	Distributions during the year					1e		-	
f	Ending balance					1f			
2a	Did the organization include an amount on	Form 990, Pa	art X, line	21, for e	scrow or c	ustodial	account liability	? 🗌 Yes	□ No
b	If "Yes," explain the arrangement in Part X	III. Check here	e if the ex	planation	n has been	provide	ed on Part XIII .		
Par				·		·			
	Complete if the organization ans	wered "Yes"	on For	m 990, F	Part IV, line	e 10.			
	(e)) Current year	(b) Prid	or year	(c) Two yea	rs back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses						· · · · · · · · · · · · · · · · · · ·		
g	End of year balance								
2	Provide the estimated percentage of the co	urrent vear en	d balanc	e (line 1a	. column (a	ı)) held a	as:		
а	Board designated or quasi-endowment			- (3	,,	,,			
b	Permanent endowment %								
c	Term endowment %								
	The percentages on lines 2a, 2b, and 2c sl	bould equal 10	20%						
3a	Are there endowment funds not in the pos	•		zation tha	at are held	and adi	ministered for th	e	
	organization by:		g					_	es No
	(i) Unrelated organizations							3a(i)	1.10
								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organi							3b	_
4	Describe in Part XIII the intended uses of the							00	
Part			ii s ende	Willelicic	urius.				
ı aı ı	Complete if the organization ans		on For	m 000 E	Dart IV line	0110	Soo Form 000	Dart Y lin	o 10
	Description of property	T			or other basis			(d) Book v	
	Description of property	(a) Cost or oth			ther)	de	Accumulated preciation	(a) BOOK V	
1a	Land					1			
b	Buildings								
C	Leasehold improvements							-	
d	Equipment		658.						658.
ее	Other								
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 99	0, Part)	(, column	(B), line 10	Oc.)			658.

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

	XI Reconciliation of Revenue per Audited Financial Stateme		Return.	
	Complete if the organization answered "Yes" on Form 990, I			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	المنافية الم	
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part			er Keturn.	
	Complete if the organization answered "Yes" on Form 990, I			
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:	11		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses			
d	Other (Describe in Part XIII.)			
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:	40		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b		
b	,		4c	
С 5	Add lines 4a and 4b			
	XIII Supplemental Information.	5 10.7		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Part IV. lines 1b and 2	b: Part V. line 4: Part X. li	ne
	: XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	morniadori.	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
	: XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			

REV 05/17/23 PRO

Schedule D (For	Schedule D (Form 990) 2022 Page 5				
	Supplemental Information (continued)				
	eappionental members, (continues)				
	••••••				
	•••••••••••••••••••••••••••••••••••••••				
	·				

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Part II Type of Return and Return Information hick the box for the return for which you are using this Form 879-TE and enter the applicable amount, if any, from the return. Form 803B-P and Form 5303 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the pplicable line below. Do not complete more than one line in Part I. 1a Form 990 check here	Name of filer	EIN or SSN
Eart Type of Return and Return Information	HILTON HEAD AREA HOSPITALITY ASSOCIATION	57-0798565
Ret Li Type of Return and Return Information hack the box of the return for which you are using this Form 8978-TE and enter the applicable amount, if any, from the return. Form 8038- P and form 5300 fliers may enter deliars and cents. For all other forms, enter whole deliars only, if you check the box on line is, 2a, 3a, 4a, 6a, 7a, 8a, 9a, or 10a blooky, and the amount on his line for the return being flied with this form was blank, then leave line 1b, 2b, 3b, 4b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0b. But, if you entered -0 on the return, then enter -0 on the pplicable line below. Do not complete more than one line in Part I a 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-PE check here. ▶ □ b Total tax (Form 1120-POL, line 22) . 3b 4a Form 990-PE check here. ▶ □ b Total tax (Form 1120-POL, line 8) . 2b 5a Form 3868 check here. ▶ □ b Total tax (Form 990-T, Part III, line 4) . 6b 6a Form 990-T check here. ▶ □ b Total tax (Form 4720, Part III, line 4) . 6b 7a Form 4720 check here. ▶ □ b FMV of assets at end of tax year (Form 5227, Item D) . 8b 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 Total tax (Form 330, Part II, line 4) . 9b 9a Form 5330 check here ▶ □ b Total tax (Form 330, Part II, line 1) . 9b 9a Form 5330 check here ▶ □ b Total tax (Form 330, Part II, line 1) . 9b 9a Form 5330 check here ▶ □ b Total tax (Form 5330, Part II, line 2) . 9b 9a Form 5330 check here ▶ □ b Total tax (Form 330, Part II, line 1) . 9b 9a Form 5330 check here ▶ □ b Total tax (Form 330, Part II, line 1) . 9b 9a Form 5330 check here ▶ □ b Total tax (Form 330, Part II, line 1) . 9b 9a Form 5330 check here ▶ □ b Total tax (Form 330, Part II, line 1) . 9b 9a Form 5330 check here ▶ □ b Total tax (Form 530, Part III, line 2) . 9b 9a Form 5330 check here ▶ □ b Total tax (Form 530, Part III, line 2) . 9b 9a Form 5	lame and title of officer or person subject to tax	
Check the box for the return for which you are using this Form 8978-TE and enter the applicable amount, if any, from the return. Form 838-P and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only, if you check the box on line 1a, 2a, 3a, 4a, 6, 5a, 7a, 5a, 9a, or 10a below, and the amount on that line (or the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable; blank (do not enter 4°-0.) But, if you entered -0 on the return, then enter -0 on the pplicable line below. Do not complete more than one line in Part I. 1a Form 990-Ctz check here ▶ □ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) b □ 22 b □ 28 Form 990-EZ check here ▶ □ b Total revenue, if any (Form 990-EZ, line 9) □ 2b □ 24 Form 990-PE check here ▶ □ b Total tax (Form 1120-POL, line 22) 3b □ 24 Form 990-PE check here ▶ □ b Total tax (Form 1120-POL, line 22) 3b □ 25 Form 3886 check here . ▶ □ b Total tax (Form 990-T, Part III, line 4) □ 6b □ 25 Form 990-T check here . ▶ □ b Total tax (Form 990-T, Part III, line 4) □ 6b □ 25 Form 990-T check here . ▶ □ b Total tax (Form 990-T, Part III, line 4) □ 6b □ 25 Form 990-T check here . ▶ □ b Total tax (Form 990-T, Part III, line 4) □ 6b □ 25 Form 990-T check here . ▶ □ b Total tax (Form 990-T, Part III, line 4) □ 6b □ 25 Form 990-T check here . ▶ □ b Total tax (Form 990-T, Part III, line 4) □ 6b □ 25 Form 990-T check here . ▶ □ b Ford (and 120 Form 990-T) part III, line 4) □ 6b □ 25 Form 990-T check here . ▶ □ b Ford (and 120 Form 990-T) part III, line 4) □ 6b □ 25 Form 990-T check here . ▶ □ b Ford (and 120 Form 990-T) part III line 19 □ 9b □ 9c Form 990-T check here . ▶ □ b Ford (and 120 Form 990-T) part III, line 2) □ 9b □ 9c Form 990-T check here . ▶ □ b Ford (and 120 Form 990-T) part III line 4) □ 6b □ 70 Form 990-T part III line 4) □ 70 Form 9	JEFF GERBER, EXECUTIVE DIRECTOR	
Pa and Form \$330 (liers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 6a, 6a, 7a, 6a, 9a, or 10a below, and the amount on that line for the return being filled with this form was blank, then leave line 1b, 2b, 3b, 4b, 6b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the policiable line below. Do not complete more than one line in Part I. 1a Form 990 check here	Part I Type of Return and Return Information	
as Form 1120-POL check here ▶	CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered applicable line below. Do not complete more than one line in Part I.	you check the box on line 1a, 2a, 3a, 4a, was blank, then leave line 1b, 2b, 3b, 4b, -0- on the return, then enter -0- on the
a Form 990-PF check here . ▶ b b Tax based on investment income (Form 990-PF, Part V, line 5) 4 b	2a Form 990-EZ check here . ▶ ☐ b Total revenue, if any (Form 990-EZ, line 9)	2b
5a Form 8966 check here. ▶	. 그렇게 요즘 가입니다. 하나 하는 사람들이 살아가면 하는 때문에는 하는 것이 하셨다면 하는 사람들이 되었다. 그런 사람들이 없는 사람들이 없는 사람들이 없는 것이다. 이번 그렇다	
6a Form 990-T check here		
Ta Form 4720 check here. ▶ □ b FMV of assets at end of tax year (Form 5227, Item D) . 8b □ so Form 5230 check here. ▶ □ b FMV of assets at end of tax year (Form 5227, Item D) . 8b □ so Form 5330 check here. ▶ □ b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b □ Part III □ Declaration and Signature Authorization of Officer or Person Subject to Tax III. (Inc. 22) 10b □ Part III □ Declaration and Signature Authorization of Officer or Person Subject to tax with respect to (name fentity) □ Law (Form 8038-CP, Part III. (Inc. 22) 10b □ Part III □ Declaration and Signature Authorization of Officer or Person Subject to tax with respect to (name fentity) □ Law (Form 8038-CP, Part III. (Inc. 22) 10b □ Part III. (Inc. 22) 10b □ Part III. (Inc. 23) 10b □ Part III. (Inc. 24)	그리다 하는 사람들은 그녀들을 다른 어떻게 되는 것이 되었다면 그들은 사람들은 사람들이 되었다면 하는 것이다. 하는 것은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들	
Ba Form 5227 check here. ▶		
9a Form 5330 check here. ▶ □ b Tax due (Form 5330, Part II, line 19) 9b □ 10a Form 8038-CP, Check here ▶ □ b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b □ 10b □ 10a Form 8038-CP, Part III, line 22) 10b □ 10b □ 10a Part III Declaration and Signature Authorization of Officer or Person Subject to Tax □ 10b □ 10a Part III, line 22) 10b □ 10b □ 10a Part III, line 22) 10b □ 10a Part III, line 25 10a Part III, line 26 10a Part III, line 27 10a Part III, line 28 10a Part IIII, line 28 10a Part III, line 29 10a Part II		
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Declaration and Signature Authorization of Officer or Person Subject to Tax Declaration and Signature Authorization of Officer or Person Subject to Tax Declaration and Signature Authorization of Officer or Person Subject to Tax Declaration and Signature Authorization of Officer or Person Subject to Tax Declaration and Signature Authorization of Officer or Person Subject to Tax Declaration and Signature Authorization of Officer or Person Subject to Tax Declaration	# 그렇다면요 게임 경우 이번에는 여기 바다가 되었다면 이 # 이 세계 시간에 모든데요 아이트 나를 하고 있다면요? 모양하다 하는데 하는데 아이들이 아니라 나를 하는데 없어요. 하는데 없다고 하는데	
Index penalties of perjury, I declare that I arm an officer of the above entity or I arm an officer of the above entity or I arm an officer of the above entity or I arm an officer of the above entity or I arm an officer of the above entity or I arm an officer of the above entity or I arm an officer of the above entity or I arm an officer or person subject to tax with respect to (name fentity). 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and omplete. 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 network of the electronic return or refund the return or the last and to receive from the IRS (a) and cknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) he date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Again to initiate an electronic fund withdrawal direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this eturn, and the financial institution in to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 8-88-353-453 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the recessing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to ne 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 ERO firm name ERO firm name The intervention of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/Stat	그 사람이 되는 사람들이 하는 것이 되었다. 나는 사람들은 사람들이 되었다. 그는 사람들이 되었다면 사람들이 되었다. 그렇게 되었다면 사람들이 되었다면 하는 사람들이 되었다. 그렇지 않는 사람들이 되었다.	
Inder penalties of perjury, I declare that		
dentity) (feln) (fe		
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Date ► 09/14/2022	acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent direct debit) entry to the financial institution account indicated in the tax preparation software for pay eturn, and the financial institution to debit the entry to this account. To revoke a payment, I must con 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize processing of the electronic payment of taxes to receive confidential information necessary to answer the payment. I have selected a personal identification number (PIN) as my signature for the electronic electronic funds withdrawal. PIN: check one box only I authorize HUBERT L. BERNHEIM, CPA ERO firm name on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the date of any process.	n processing the return or refund, and (c) to initiate an electronic funds withdrawal ment of the federal taxes owed on this stact the U.S. Treasury Financial Agent at the financial institutions involved in the rinquiries and resolve issues related to return and, if applicable, the consent to
of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Date ► 09/14/2022 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature.	ure on the tax year 2021 electronically
Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.		
RO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	Signature of officer or person subject to tax	Date ► 09/14/2022
Do not enter all zeros certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.		
	number (EFIN) followed by your five-digit self-selected PIN. Do not enter a certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed arm submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF)	return indicated above. I confirm that I
03/10/2022		09/16/2022
	Date	03/10/2022

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

REV 07/25/22 PRO

Return of Organization Exempt From Income Tax

2021

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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

Open to Public Inspection

Α	For the 2	021 calen	dar year, or tax year beginnin	g Jul	1 , 2021, and er	nding	Ju	n 30 ,	20 22
В	Check if ap	oplicable:	C Name of organization HILTO	N HEAD AREA	HOSPITALITY AS	SSOCIA	TION	The second secon	dentification number
	Address ch	nange	Doing business as HILTON	HEAD ISLAND	WINE & FOOD,	INC.		57-07985	
	Name char	nge	Number and street (or P.O. box	if mail is not delivered	d to street address)	Room/s	uite	E Telephone n	
	Initial return	n	POST OFFICE BOX 5	097				(843)441	-9633
	Final return	/terminated	City or town, state or province,						
	Amended r	return	HILTON HEAD ISLAN	ND, SC 29938	}			G Gross receip	
	Application	pending	F Name and address of principal o						dinates? Yes X No
			SCOTT ENTRUP, POST OFFICE	E BOX 5097, HIL	TON HEAD ISLAND, SC	29938 H			
	Tax-exemp	ot status:	501(c)(3) × 501(c) (6) ◀ (insert no.)	4947(a)(1) or 52	27	If "No," a	ttach a list. See	instructions.
J	Website: I	www.h	niltonheadhospitali	tyassociatio	on.com	Н		kemption numb	
_		ganization:	Corporation Trust Associ	iation ☐ Other ►	L Year of fo	ormation:	1995	M State of lega	al domicile: SC
P		Summa							
	1 B	Briefly des	scribe the organization's mis	sion or most sign	nificant activities: TO P	ROMOTE THE	HILTON HE	AD ISLAND, SC	HOSPITALITY INDUSTRY
ce									
Governance					*************************				
ver	2 C	check this	s box ► ☐ if the organization	n discontinued its	s operations or dispo	sed of m	ore than	25% of its n	et assets.
Go	3 N	lumber o	f voting members of the gov	erning body (Par	t VI, line 1a)			3	10
∞	4 N	lumber o	findependent voting membe	ers of the governi	ing body (Part VI, line	1b) .		4	10
Activities &	5 T	otal num	ber of individuals employed	in calendar year	2021 (Part V, line 2a)			5	0
	6 T	otal num	ber of volunteers (estimate it	f necessary) .			4 4 5	6	200
Ac			lated business revenue from					7a	
			ted business taxable income					7b	0.
	1						Prior Year	1111111111	Current Year
n	8 C	Contribution	ons and grants (Part VIII, line	e 1h)			133,	628.	640,684.
'n									
Revenue									
								0.	
	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 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4)			133,628.		640,684.			
								000.	6,000.
								000.	0,000.
w									
Se	the second second second		nal fundraising fees (Part IX,						
Expenses	The second second		raising expenses (Part IX, co						
X			enses (Part IX, column (A), lin	The second of the party of the	*****************		111.	564.	525,412.
			enses. Add lines 13-17 (mus					564.	531,412.
			ess expenses. Subtract line			_		064.	109,272.
or		icveriue ii	ess expenses. Oubtract line	TO HOME TE					End of Year
anc anc	20 T	otal assa	ets (Part X, line 16)				Beginning of Current Year 149, 495.		258,767.
Net Assets	21 T		ities (Part X, line 26)				110/	0.	230,707.
Net	22 N		s or fund balances. Subtract	line 21 from line	20		149	495.	258,767.
	art II		re Block	mic 21 nom mic	20		110/	155.	2307 1011
			/, I declare that I have examined this	return including acc	companying schedules and	statement	s and to the	hest of my kno	nwledge and helief it is
			te. Declaration of preparer (other tha						awicogo and bollor, it is
				- 0.00 Y X X X X X X X X X X X X X X X X X X				-30000-	
Sic	gn	Signat	ture of officer				Date		
	ere			DIRECTOR			0.000		
			F GERBER, EXECUTIVE or print name and title	DIRECTOR					
-	2.7		e preparer's name	Preparer's signatu	re	Date		Charle VI	PTIN
	iid	12,100,200		, roparor a aigitatu		7 % T	6/2022	Check X if self-employed	
	eparer	e-12	T L BERNHEIM	ULDIM ODA		103/1			101101100
Us	se Only	Firm's na			MON HEAD TOTANS	00 000		EIN ► 36-2	Co.
1/4	v the IDC		dress ► POST OFFICE DRAW			SC 299	S28 Phone	eno. (843)	
ivid	y the ins	uiscuss	this return with the preparer	SHOWIT ADOVE?	see instructions .				Yes No

Page	2

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

Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III			
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	5		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.	18.00	er ja gran	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	×
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		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		×

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

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
_	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				77.5
	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	3?	2b		
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				F
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 C		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit		-		
	a financial account in a foreign country (such as a bank account, securities account, or other financial accou		4a		×
b	If "Yes," enter the name of the foreign country ▶				1-1
10.5	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 transacti		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 or				
	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 contributi	-			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	1			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods			
	and services provided to the payor?	, .	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which				
	required to file Form 8282?	1000	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor	ntract?	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 rec		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?	2. 5	8		
9	Sponsoring organizations maintaining donor advised funds.		85		
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	5 4	9b		
10	Section 501(c)(7) organizations. Enter:			1000	
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b				
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	041?	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.		40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		-
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which				
ь	the organization is licensed to issue qualified health plans				
~	-				
1/12	Division of the second of the		14a		×
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		1
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera		UTU		
	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 in	come?	16		
	If "Yes," complete Form 4720, Schedule O.	30,7101	10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage	in any			
127	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Vos " complete Form 6060				

a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustees, or key employee have a family relationship or a business relationship with any other officer, director, frustees, or key employees thave a family relationship or a business relationship with any other officer, director, frustees, or key employees to a management company or other person? 3 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 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? 5 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? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 9 Is there any officer, director, frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address? If "vs." provide the manes and addresses an Schedule O. 9 Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a 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 regularly and consistentl	Secti	on A. Governing Body and Management				
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent. 10				- 4	Yes	No
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 employees to a management company or other person? 4 Did the organization delegate control over management duties outstomarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members or stockholders? 9 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? 9 If "Yes," did the organization have local chapters, branches, or affiliates? 10 If yes and branches to ensure their operations are consistent with the organization's exempt purposes? 11 Has the organization have local chapters, branches, or affiliates? 12 Did the organization have a written policies and procedures governing the activities of such chapters, or describe on Schedule O her process, if any, used by the organization in review this Form 990. 12 Did the organization have a written policies and procedures governing body? If "Yes," describe on Schedule O her process	1a		1a 10			
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b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. 12b Did the organization have a written whistleblower policy? 13		Division of the second of the		100	165	-
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b Other officers or key employees of the organization						
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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?	1.			10a		^
organization's exempt status with respect to such arrangements?	а					
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 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	-					21111
 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website		Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicab	le), 990, and 990-	T (sec	tion (501(c
 Own website		(3)s only) available for public inspection. Indicate how you made these available. Check all that	at apply.			
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20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶	19	Describe on Schedule O whether (and if so, how) the organization made its governing doc		f inte	rest p	oolicy
		그리고 있다면 그렇게 하면 하는데 하는데 되었다면 가는데 되었다면 가는데 그렇게 되었다면 하는데				
	20					

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	Pos eck s pe d a d	(C) sition c more than one erson is both an director/trustee)			(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) SCOTT ENTRUP	8.00									
PRESIDENT & DIRECTOR		×	_	×		ļ	_			
(2) SARAH MORGOT	4.00									
SECRETARY & DIRECTOR		×		×	-		_			
(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	 x_								
(11) JEFF GERBER EXECUTIVE DIRECTOR	4.00	×								
(12)										
(13)										
(14)										

	(A) Name and title	(B) Average hours per week	box, i	unles	Pos eck s pe	rson	e than o is both or/trus	nan	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated of oth	amount ner
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from organizati related orga	the ion and
(15)							u.					
(16)												
(17)												
(18)		***************************************										
(19)												
(20)												
(21)												
(22)												-
(23)												
(24)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											-
(25)												
	Subtotal							>				
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio		•				▶ ▶				
2	Total number of individuals (including bur reportable compensation from the organi		to th	ose	list	ted	abov	e) w	ho received mor	e than \$100,000	of	
3	Did the organization list any former	officer, dire	ector,	tru	ste	e, k	key e	mpl	loyee, or highes	st compensated	Ye	es No
4	employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the	sum of re	portal	ole	con	npe	nsatio	on a	nd other compe	nsation from the		×
											4	×
5	Did any person listed on line 1a receive of for services rendered to the organization										5	×
Secti 1	on B. Independent Contractors Complete this table for your five high	nest comp	ensate	ed	inde	epe	ndent	CC	entractors that r	eceived more 1	han \$100),000 c
	compensation from the organization. Rep								ar ending with or		ization's ta	
	(A) Name and business add	ress						i.	(B) Description of sen	vices	(C) Compensatio	in
2	Total number of independent contractor	ors (includir	ng bu	ıt n	ot	limit	ted to	o th	nose listed abov	e) who		

Form 9	90 (202	1)				Page 9
Part	VIII	Statement of Revenue	Salar Sa	L a may		
		Check if Schedule O contains a response or note	to any line in this Pa (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
rice Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f f	Federated campaigns	P82. ► 640,684.			
Program Service Revenue	b c d e f	All other program service revenue . Total. Add lines 2a–2f	•			
evenue	3 4 5 6a b c d 7a	Investment income (including dividends, interest, other similar amounts)	ds > aal			
Other Reve	d 8a b c 9a b c 10a	Net gain or (loss) Gross income from fundraising events (not including \$ 449,702. of contributions reported on line 1c). See Part IV, line 18				
Miscellaneous Revenue	11a b c d	All other revenue Total. Add lines 11a-11d	Code			

Form 990 (20)	21)
Part IX	Statement of Functional Expenses
Section 50	1(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

o not in	Check if Schedule O contains a response aclude amounts reported on lines 6b, 7b,			(C)	(D)
b, 9b, a	nd 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
	ants and other assistance to domestic organizations d domestic governments. See Part IV, line 21	6,000.	6,000.		
	rants and other assistance to domestic dividuals. See Part IV, line 22				
or	rants and other assistance to foreign ganizations, foreign governments, and reign individuals. See Part IV, lines 15 and 16				
5 C	enefits paid to or for members				
pe	ompensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B)				
8 Pe	ther salaries and wages				
10 Pa	ther employee benefits				
	ees for services (nonemployees):				
	anagement				
	egal			700	
	counting	700.		700.	
	obbying				
	rofessional fundraising services. See Part IV, line 17				
g Ot	vestment management fees				
12 A	dvertising and promotion				
	ffice expenses	2,140.		2,140.	
14 In	formation technology				
15 R	oyalties				
	ccupancy	11,400.		11,400.	
	ravel				
	ayments of travel or entertainment expenses or any federal, state, or local public officials				
	onferences, conventions, and meetings .				
	terest				
	ayments to affiliates				
	epreciation, depletion, and amortization .				
	surance				
ab lin	pove. (List miscellaneous expenses on line 24e. If the 24e amount exceeds 10% of line 25, column amount, list line 24e expenses on Schedule O.)				
	O CEE A CE	259.		259.	
	QUI PMENT	390.		390.	
	EBSITE MAINTENANCE	2,000.		2,000.	
	ESTIVAL PRODUCTION COST	508,523.	508,523.		
e Al	Il other expenses		(
25 To	otal functional expenses. Add lines 1 through 24e	531,412.	514,523.	16,889.	
or fro fu	oint costs. Complete this line only if the rganization reported in column (B) joint costs om a combined educational campaign and indraising solicitation. Check here ▶ ☐ if ollowing SOP 98-2 (ASC 958-720)				
	9 = = y = = y = = = = y = = y = y = y =	REV 07/25/22 PRO			Form 990

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	tX		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	119,240.	100	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	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 658.			
	b	Less: accumulated depreciation 10b		10c	658.
	11	Investments—publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	149,495.	16	258,767.
	17	Accounts payable and accrued expenses	0.	17	
	18	Grants payable	41	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties [23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	
seou		Organizations that follow FASB ASC 958, check here ► ☐ and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions		27	
ä	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ⋈ and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
155	31	Retained earnings, endowment, accumulated income, or other funds	149,495.	31	258,767.
at /	32	Total net assets or fund balances	149,495.	32	258,767.
ž	33	Total liabilities and net assets/fund balances	149,495.	33	258,767.

Pari	XI Reconciliation of Net Assets			
1	Check if Schedule O contains a response or note to any line in this Part XI		40,6	
2	Total expenses (must equal Part IX, column (A), line 25)		31,4	
3	Revenue less expenses. Subtract line 2 from line 1		09,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).		49,4	
5	Net unrealized gains (losses) on investments		12/1	20.
6	Donated services and use of facilities			_
7	Investment expenses			_
8	Prior period adjustments			_
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			_
	32, column (B))	2	58,7	67.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	h biji		Ш
		Comment	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	2a		×
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	2b		×
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain or Schedule O.			
3a	Single Audit Act and OMB Circular A-133?	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		
	DEV 07/95/92 DDO	For	m 990	(2021)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Solution Form 990 Attach to Form 990.

Solution Form 990 For instructions and the latest information.

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

-0			
Pa	0	0	-5

Part	Organizations Maintaining	Collections of A	Art, His	torical	Treasures,	or Ot	her Similar Ass	ets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and oth						
а	☐ Public exhibition		d	☐ Loan	or exchange	progra	am	
b	☐ Scholarly research		е	Other				2000 NA 100 CONTRACT 1
C	☐ Preservation for future generations							
4	Provide a description of the organiza XIII.	tion's collections a	nd expl	ain how t	hey further t	he org	anization's exemp	ot purpose in Par
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive or than to be maintai	donation	ns of art, part of th	historical tre e organization	easures on's co	s, or other similar llection?	☐ Yes ☐ No
Part	Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.	answered "Yes"						
1a	Is the organization an agent, trustee included on Form 990, Part X?		4 4					
b	If "Yes," explain the arrangement in P	art XIII and comple	te the f	ollowing t	able:		Am	nount
C	Beginning balance			1 5 4		10		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amou					stodial	account liability?	☐ Yes ☐ No
	If "Yes," explain the arrangement in P							
Par			41 404	110000000000000000000000000000000000000	21 (100 20 20 20 1)		3.400.000.000.000	
	Complete if the organization	answered "Yes"	on Fo	rm 990.	Part IV. line	10.		
	complete if the organization	(a) Current year		ior year	(c) Two years		(d) Three years back	(e) Four years back
1a	Beginning of year balance	(E/ E/23 S) (75 S)	3.2.5	132 4 212	146.00.00			
b	Contributions							
c	Net investment earnings, gains, and losses							
-1	Grants or scholarships							
d e	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance	0.00.0000000000000000000000000000000000	-1 to 1	/l' 4 -		\ h=1=1		
2	Provide the estimated percentage of			ce (line 10	g, column (a)) neid a	as.	
a	Board designated or quasi-endowme		.%					
b	Permanent endowment ▶	%						
С	Term endowment ▶ %		201					
	The percentages on lines 2a, 2b, and				at our ballet		articles award for the	
3a	Are there endowment funds not in th	e possession of the	e organ	ization th	at are neid a	and adi	ministered 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 of							3b
4	Describe in Part XIII the intended use		n's end	owment f	unds.			
Par				000	D	44	0	Day V 11 10
	Complete if the organization							
	Description of property	(a) Cost or oth (investme	ent)	(0	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land		0.			1		0.
b	Buildings							
C	Leasehold improvements							
d	Equipment	V.			658.			658.
е	Other							
Total.	. Add lines 1a through 1e. (Column (d) r	nust equal Form 99	0, Part	X, colum	n (B), line 10	c.)		658.

	Complete if the organization answered "Yes" on Form (a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(b) Book value	Cost or end-of-year market value
	derivatives		
The second second second	neld equity interests		
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)	***************************************		
(G) (H)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . •		
art VIII	Investments—Program Related.		
The same	Complete if the organization answered "Yes" on Form	n 990. Part IV. line	11c. See Form 990, Part X, line 1
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) occompliant of investment	(2) 2001. (2.00	Cost or end-of-year market value
)			
)			
)			
3)			
3) 9)			
e) otal. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		
)	Other Assets.		
) tal. (Colu	Other Assets. Complete if the organization answered "Yes" on Form	m 990, Part IV, line	
) tal. <i>(Colu</i> Part IX	Other Assets.	m 990, Part IV, line	11d. See Form 990, Part X, line 1
) tal. <i>(Colu</i> art IX)	Other Assets. Complete if the organization answered "Yes" on Form	m 990, Part IV, line	
) tal. (Colu Part IX	Other Assets. Complete if the organization answered "Yes" on Form	m 990, Part IV, line	
tal. (Colu lart IX	Other Assets. Complete if the organization answered "Yes" on Form	m 990, Part IV, line	
tal. (Colu tal. (Colu tart IX	Other Assets. Complete if the organization answered "Yes" on Form	m 990, Part IV, line	
tal. (Colu	Other Assets. Complete if the organization answered "Yes" on Form	m 990, Part IV, line	
) tal. (Colu tart IX)))))))	Other Assets. Complete if the organization answered "Yes" on Form	m 990, Part IV, line	
tal. (Colu	Other Assets. Complete if the organization answered "Yes" on Form	m 990, Part IV, line	
tal. (Colu	Other Assets. Complete if the organization answered "Yes" on Form	m 990, Part IV, line	
) tal. (Colu art IX)))))))))))))	Other Assets. Complete if the organization answered "Yes" on Form (a) Description		(b) Book value
) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Other Assets. Complete if the organization answered "Yes" on Form (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)		(b) Book value
(a) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		(b) Book value
tal. (Colu	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form		(b) Book value
tal. (Colu	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25.		(b) Book value ▶ 11e or 11f. See Form 990, Part X
tal. (Colu art IX	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability		(b) Book value
tal. (Colulart IX	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25.		(b) Book value ▶ 11e or 11f. See Form 990, Part X
tal. (Colu art IX	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability		(b) Book value ▶ 11e or 11f. See Form 990, Part X
tal. (Colu lart IX	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability		(b) Book value ▶ 11e or 11f. See Form 990, Part X
tal. (Colu cart IX))))))) tal. (Colu Part X) Federal in))	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability		(b) Book value ▶ 11e or 11f. See Form 990, Part X
tal. (Colu part IX	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability		(b) Book value ▶ 11e or 11f. See Form 990, Part X
tal. (Colu cart IX))))))) tal. (Colu cart X) Federal in))))	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability		(b) Book value ▶ 11e or 11f. See Form 990, Part X
tal. (Colu lart IX	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability		(b) Book value ▶ 11e or 11f. See Form 990, Part X
) tal. (Colu Part IX)))))))) tal. (Colu Part X) Federal in)))	Other Assets. Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability		(b) Book value ▶ 11e or 11f. See Form 990, Part X

Part 2		즐거는 어느 사람들이 모습을 모임하는 이번 경우에는 이번 사고, 하네네트, 하나 이번 모든데	Return.
	Complete if the organization answered "Yes" on Form 990, Pa		
	Total revenue, gains, and other support per audited financial statements .		1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	. 1	
	경기 전하는, 이 경우로 열면 200 H를 경우로 열하는 일하는 경기에 가장 하는 사람이 가장 경기를 하는 사람들이 살아 있다면 보고 있는데 보고 있다. 그는 것이 없는데 보고 있다면 보고 있다면 다른데 보고 있다면 다른데 되었다면 다른데 보고 있다면 보다면 보고 있다면 보고	2a	
		2b	
		2c	
	생기가 보다 가장 하면 가장 내가 가장 하면 하면 하는데 그 때문에 가장 하는데	2d	
	Add lines 2a through 2d		2e
	Subtract line 2e from line 1	4,4 4 4 4 4 4 4	3
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
		4a	
	가게 하고 없어보면서 생활하는 것이 없었다. 하고 없는 것은 아들은 아들이 아들이 아들이 아들이 아들이 아름이 없는데 아들이 없는데 없는데 없다.	4b	
	Add lines 4a and 4b		4c
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5
Part >			er Return.
	Complete if the organization answered "Yes" on Form 990, Pa		
	Total expenses and losses per audited financial statements		1
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	경기를 하면 내가 있다면 하면 함께 하게 되면 하면 하면 하면 하면 하면 하면 하면 하는 것이 되었다. 그는 그 없는 것은 사람들이 되어 되었다. 그는 것이 되었다.	2a	
		2b	
	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	2c	
	z c. z. (– z z z	2d	
	Add lines 2a through 2d		2e
	Subtract line 2e from line 1 ,	1,1111111	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	nvestment expenses not included on Form 990, Part VIII, line 7b		
		4b	
	Add lines 4a and 4b		4c
5 Part X	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	18.)	5
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide any additional in	formation.

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
		••••
		••••
		•••••
		•••••

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

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

Form 8879-E0

IRS e-file Signature Authorization for an Exempt Organization

OMB	No.	1545-0047

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

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

2020

Taxpayer identification number Name of exempt organization or person subject to tax 57-0798565 HILTON HEAD AREA HOSPITALITY ASSOCIATION Name and title of officer or person subject to tax SCOTT ENTRUP, PRESIDENT Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 2a Form 990-EZ check here ▶ □ b Total revenue, if any (Form 990-EZ, line 9) . . b Total tax (Form 1120-POL, line 22) 3b 3a Form 1120-POL check here ▶ □ 4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) . 5a Form 8868 check here ▶ □ b Balance due (Form 8868, line 3c) . . . 5h 6a Form 990-T check here ▶ □ b Total tax (Form 990-T, Part III, line 4) 6b b Total tax (Form 4720, Part III, line 1) 7a Form 4720 check here ▶ □ Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 🗵 I am an officer of the above organization or 🗌 I am a person subject to tax with respect to (name of organization) , (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only as my signature ☐ I authorize to enter my PIN ERO firm name Enter five numbers, but on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. X As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax >> Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 5 7 1 2 5 1 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature > Date ► 11/02/2021 ERO Must Retain This Form - See Instructions

B

Activities & Governance

Revenue

Assets or Balances

Net / 22

20

21

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information. For the 2020 calendar year, or tax year beginning Jun 30 Jul 2020, and ending Check if applicable: C Name of organization HILTON HEAD AREA HOSPITALITY ASSOCIATION D Employer identification number Doing business as HILTON HEAD ISLAND WINE & FOOD, INC. 57-0798565 Address change Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Initial return POST OFFICE BOX 5097 (843) 686-4944 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code HILTON HEAD ISLAND, SC 29938 Amended return G Gross receipts \$ 133,628. F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes X No Application pending SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938 H(b) Are all subordinates included? Yes No Tax-exempt status: 501(c)(3) X 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions Website: ▶ www.hiltonheadhospitalityassociation.com H(c) Group exemption number > L Year of formation: 1995 M State of legal domicile: SC Part I Summary Briefly describe the organization's mission or most significant activities: TO PROMOTE THE HILTON HEAD ISLAND, SC HOSPITALITY INDUSTRY 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 3 10 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 0 6 6 150 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . 352,326. 133,628. 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 352,326 133,628. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 28,000 4,000. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 326,663. 111,564. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 354,663 115,564. 19 Revenue less expenses. Subtract line 18 from line 12 . -2,337. 18,064.

Signature Block

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

Total liabilities (Part X, line 26)

Total assets (Part X, line 16)

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

Sign Here	Signature of officer SCOTT ENTRUP, PRESI Type or print name and title	DENT	11 Date	/04/2021		
Paid Preparer	Print/Type preparer's name HUBERT L BERNHEIM	Prepare's signature	Date 11/04/2021	Check X if self-employed	PTIN P01284405	
Use Only						
ooc omy	Firm's address ► POST OFFICE D	RAWER NINE, HILTON HEAD ISLA	AND, SC 29938 Phone	eno. (843)	671-6005	
May the IRS	discuss this return with the prep	arer shown above? See instructions		7-1-1-1-1	Yes □ No.	
		THE REPORT OF THE PARTY OF THE	2 hora 2007, W		0.	

Beginning of Current Year

131,931

131,431

500.

End of Year

149,495.

149,495.

0.

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	П
1	Briefly describe the organization's mission:	
•	TO PROMOTE THE HILTON HEAD ISLAND, SC HOSPITALITY INDUSTRY	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
		حا اس
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
	PRODUCTION OF WINE AND FOOD FESTIVAL	
	·	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	

	Other are are a size (Passeille on Sahadule O.)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	—
4e	Total program service expenses ▶	

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			13.0
2	complete Schedule A	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	100		18
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
2	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			-
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		×
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		×
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
1,4	If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I. Parts Land II.	21		×

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

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Page \$
Fall	Statements Regarding Other INS Fillings and Tax Compliance (Continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		res	IVO
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 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)			1777
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1		
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year ,			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
12a	against amounts due or received from them.)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			8
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	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		1
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		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	-	
16	If "Yes," complete Form 4720, Schedule O.	10		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. . . 1a 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 × 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 × Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 × Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 × 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a × Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a × Each committee with authority to act on behalf of the governing body? 8b × Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code., Yes No 10a × b If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a × Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a × b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 × 13 14 Did the organization have a written document retention and destruction policy? 14 × 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a × 15b × If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ SC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website ☑ Upon request ☐ Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938 (843)686-4944

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

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

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

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

	(A) Name and title	(B) Average hours per week	Position (do not check more than or box, unless person is both a officer and a director/truste						(D) Reportable compensation from the	(E) Reportable compensation from related	on of other		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f organ	rom the nization organiza	and
(15)							0						
(16)								-					
(17)													
(18)							-						
(19)						-							-
(20)													
(21)												_	
(22)													
(23)								Ш					
(24)													
(25)													
1b c d	Subtotal	VII, Section		3				A A A	0.	0.			0.
2	Total number of individuals (including but reportable compensation from the organi	t not limited		nose		ted		e) w) of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete:	officer, dir		tru	uste	e, l	cey e	mp	loyee, or highe	st compensated	3	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	porta	ble	cor	npe	nsatio	on a s,"	nd other compe	nsation from the dule J for such	7 4		×
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ompe compi	nsa lete	tion	fro	m any	un for s	related organiza	tion or individua	5		×
	on B. Independent Contractors									USUS VALORIUS			00
1	Complete this table for your five high compensation from the organization. Rep	nest comp ort comper	ensat satio	ed n fo	ind r th	epe e ca	ndent Ilenda	rye	entractors that ar ending with o	received more r within the orga	than S nization	100,0 1's tax	year
	(A) Name and business add	iress							(B) Description of ser	vices	(C Comper		
						8							
2	Total number of independent contractor												

Part	VIII	Statement of Rev	enu	e						r age o
		Check if Schedule			espon	se or note to an	y line in this Pa	art VIII		🗆
			2000				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts	1a	Federated campaign	ns .		1a		TORSE TO THE		F 3 1 1 1 1	W DATE OF
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
, G	С	Fundraising events			1c	70,175.				
iifts ar A	d	Related organization			1d					
s, G	е	Government grants			1e	63,453.				
Si	f	, 5					C			
out					1f			1 - 3 - 5		
it.	g	lines 1a-1f 1g			•					
Cor	h					133,628.				
	- ''	Total. Add lines Ta-	11 .	20 4 3 9		Business Code	133,020.			
g	2a					Ducking Court				
Program Service Revenue	b									
gram Ser Revenue	С									
am	d									
B	е	2								
Pro	f	All other program se								
	g	Total. Add lines 2a-	2f .			>				A PART -
	3	Investment income								
		other similar amoun								
	4	Income from investm								
	5	Royalties		(i) Rea		(ii) Personal		and the second		1
	6a	Gross rents	6a	(i) Hea		(ii) Personal				100 100 000
	b	Less: rental expenses	6b							
	C	Rental income or (loss)	6c							
-)	d	Net rental income of		s)					***	
	7a	Gross amount from	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(i) Securi		(ii) Other				
	74	sales of assets								
		other than inventory	7a							
Pe	b	Less: cost or other basis								
enne		and sales expenses .	7b							
3ev	С	The state of the s	7c						Basinin	
Other Rev	d	Net gain or (loss)				▶				
E H	8a	Gross income from								
•		events (not including of contributions rep								
		1c). See Part IV, line			8a					1
	b	Less: direct expense			8b					1 1 1 1
	c	Net income or (loss)				nts ▶		NUS - DECK		
	9a	Gross income f								1
		activities. See Part I'			9a			The state of		
	b	Less: direct expense	es .		9b					4
	С	Net income or (loss)	from	gaming a	ctivitie	s >				
	10a	Gross sales of in								
		returns and allowances 10a								
	b	Less: cost of goods			10b					Assert State of the state of th
-	С	Net income or (loss)	Tron	sales of ir	ivento					Name of the last
Miscellaneous Revenue	11a					Business Code				
scellaneo Revenue	b									1
ella	c									-
Re	d	All other revenue					0.	0.	0.	0.
Σ	е	Total. Add lines 11a	-110	Ι			0.			
	12	Total revenue. See					133,628.	0.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) c	organizations must complete all column	ns. All other organizations must	complete column (A).
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	Check if Schedule O contains a response or note to any line in this Part IX							
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,000.	4,000.					
2	Grants and other assistance to domestic individuals. See Part IV, line 22							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees							
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7	Other salaries and wages							
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes							
11	Fees for services (nonemployees):							
а	Management							
b	Legal	1 000		1 000				
c	Accounting	1,000.		1,000.				
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees	C-2						
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	11/100.		11/100.				
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 .	1 000		1,606.				
23	Insurance	1,606.		1,000.				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)							
а	DOSTACE	254.		254.	0.			
b	TELEPHONE	295.		295.	9.			
	WEBSITE MAINTENANCE	481.		481.				
c			04 451	401.				
d	FESTIVAL PRODUCTION COST	94,451.	94,451.					
е	All other expenses	115 564	00 451	19 110	0			
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)							
					F 000 (0000)			

Part X Balance Sheet

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

-	-4	-
Page	1	1

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	10	1	33,6	28.	
2	2 Total expenses (must equal Part IX, column (A), line 25)					
3	. 발표					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	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	1	49,4	95.	
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		14.4	1. 1		
				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," Schedule O.	explain in				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×	
	If "Yes," check a box below to indicate whether the financial statements for the year were coreviewed on a separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis					
b					×	
	If "Yes," check a box below to indicate whether the financial statements for the year were auc separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ited on a				
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, e Schedule O.		0			
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?					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	dergo the audits.	3b			
	DEV 00/09/04 DD0		For	990	meney	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

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