

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.

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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:
circlemstr@gmail.com

Contact Phone: 843-301-9256

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

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

Total Budget: \$492,000.00

Grant Requested: \$130,000.00

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

The money will be used to market the 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 UNKNOWN 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 anticipate 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
- 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:

- 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 Review Committee annual reporting requirements, **please classify your current grant request into the following authorized categories:**

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

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

A) The HHI Wine and Food Festival collaborates with the Chamber to create a fly marketing event every year. This was the 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 \$1million of business for our resort and the island".

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

C. FUNDING:

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

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

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

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

Then festival & off cycle events generate admissions from tickets and revenue from participating vendors.

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

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

<u>27</u>	Government Sources	<u> </u>	Private Contributions, Donations and Grants
<u>14</u>	Corporate Support, Sponsors	<u> </u>	Membership, Dues, Subscriptions
<u>58</u>	Ticket Sales, or Sales and Services	<u> </u>	Other

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

Yes **X** No

If so, please list top 3 sources and amounts.

HHI ATAX for Rhythm & Brews	\$40,000.00
SCPRT	\$5,000.00

D. FINANCIAL INFORMATION:

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

Financial Statement Requirements:

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

Budget Provided: **Yes**

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

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

Previous fiscal year Profit Loss Reports Provided:

P&L for Fiscal 2023- Previous FY 2

P&L for Fiscal 2024- Previous FY 1

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

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

Previous fiscal year Balance Sheets Provided:

FY 2023 - Previous FY 2

FY 2024 - Previous FY 1

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

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

Previous IRS Form 990 or 990T Years Provided:

FY 2020 (Ends June 2021) - Previous FY 1

FY 2021 - Previous FY 2

FY 2022 - Previous FY 1

FY 2023 - Previous FY 1

E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

2. Indicate whether your organization has procurement guidelines, which are utilized and followed in the expenditure 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 funds used? To what extent were the objectives achieved? The ATAX Effectiveness Measurement spreadsheet available in the application portal will show the numerics. Use the space below for verbal comments. (200 words or less)

The majority of the 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 contribute 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.

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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.

Signature: Jeffrey Gerber

Title/Position: Executive Director

Mailing Address: 1620 Crestwood Drive, Columbia, SC 29205

Email Address: circlemstr@gmail.com

Office Phone Number:

Home Phone Number:

2025 FESTIVAL REPORT



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 United 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.

2,212

Estimated Total Attendees
(via tallying guest entry)

358

Total Responses

16.18%

Population Percentage



280

iPad Responses

51

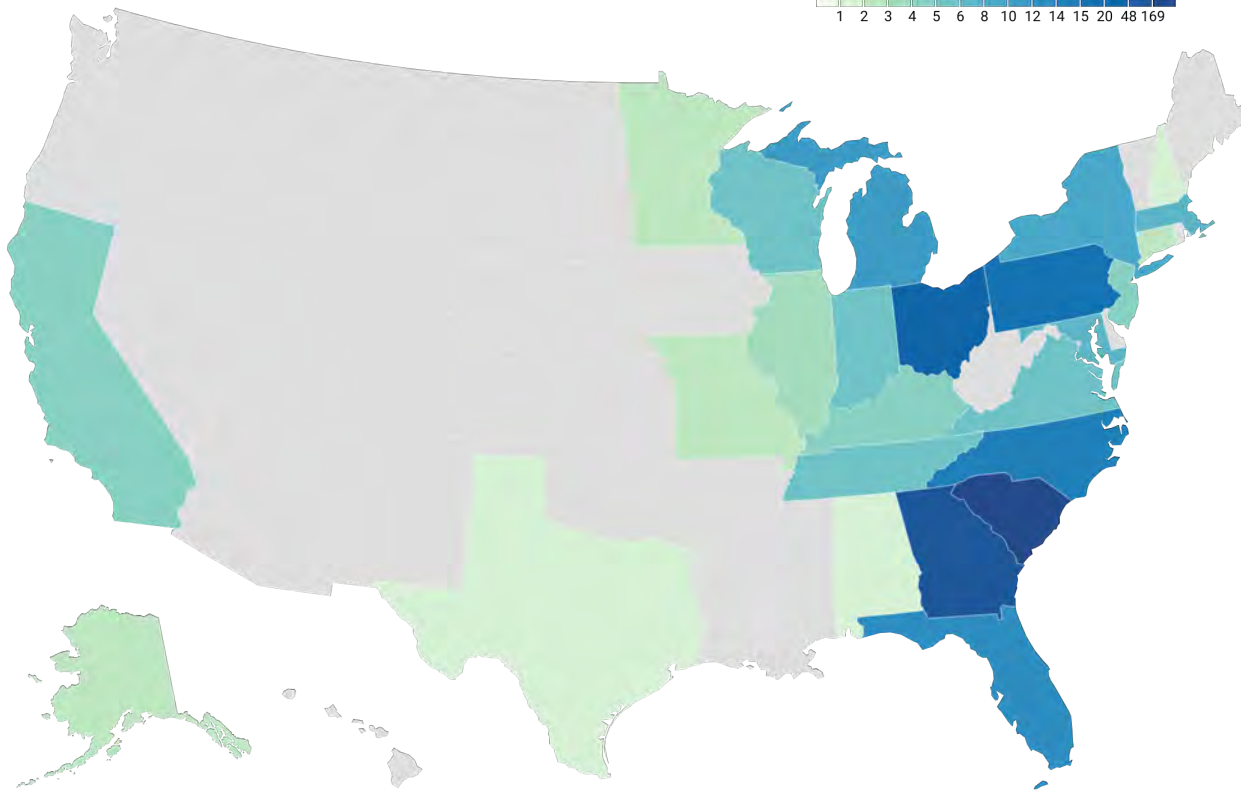
QR Code Handouts

27

QR Code Signage

Q1: Enter the ZIP Code for your primary residence.

Answered: 187 Skipped: 0

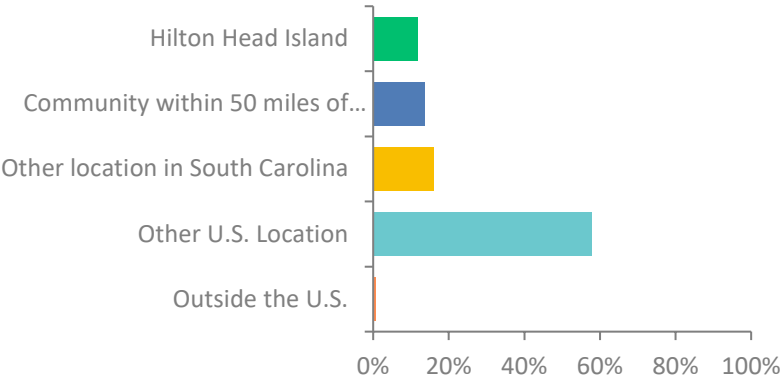


Created with Datawrapper

State 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?

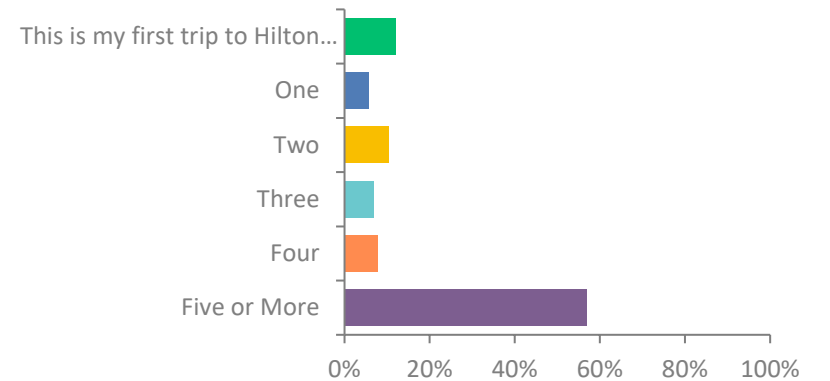
Answered: 256 Skipped: 102



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?

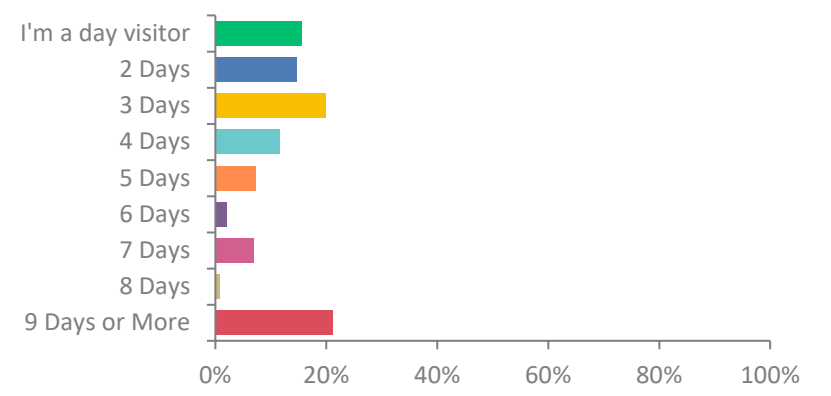
Answered: 230 Skipped: 128



ANSWER CHOICES	RESPONSES	
This is my first trip to Hilton Head	12.17%	28
One	5.65%	13
Two	10.43%	24
Three	6.96%	16
Four	7.83%	18
Five or More	56.96%	131
TOTAL	230	

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

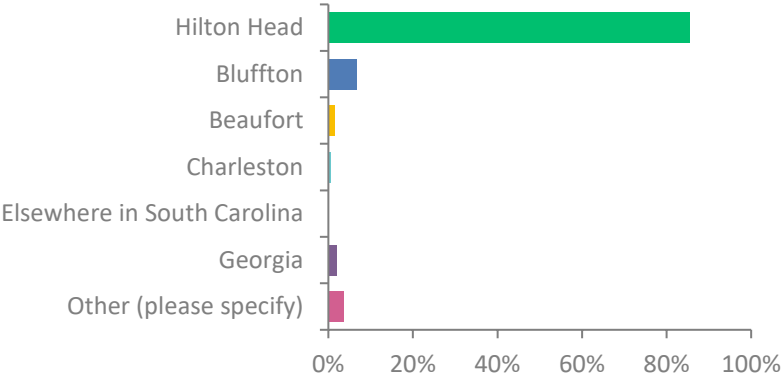
Answered: 232 Skipped: 126



ANSWER CHOICES	RESPONSES	
I'm a day visitor	15.52%	36
2 Days	14.66%	34
3 Days	19.83%	46
4 Days	11.64%	27
5 Days	7.33%	17
6 Days	2.16%	5
7 Days	6.90%	16
8 Days	0.86%	2
9 Days or More	21.12%	49
TOTAL	232	

Q5: Where are you staying overnight on this trip?

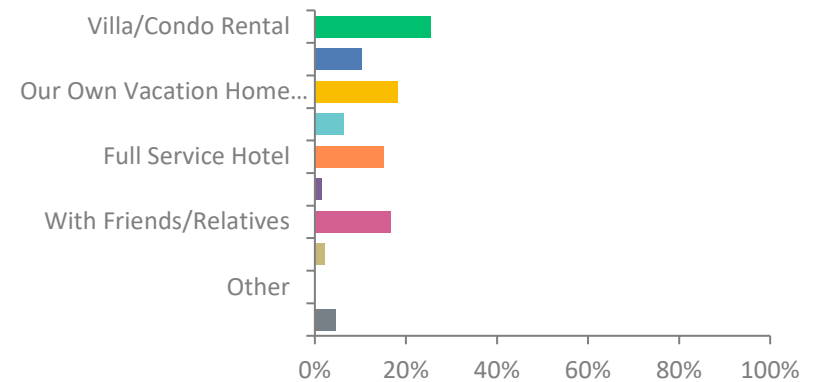
Answered: 193 Skipped: 165



ANSWER CHOICES	RESPONSES	
Hilton Head	85.49%	165
Bluffton	6.74%	13
Beaufort	1.55%	3
Charleston	0.52%	1
Elsewhere in South Carolina	0.00%	0
Georgia	2.07%	4
Other (please specify)	3.63%	7
TOTAL		193

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

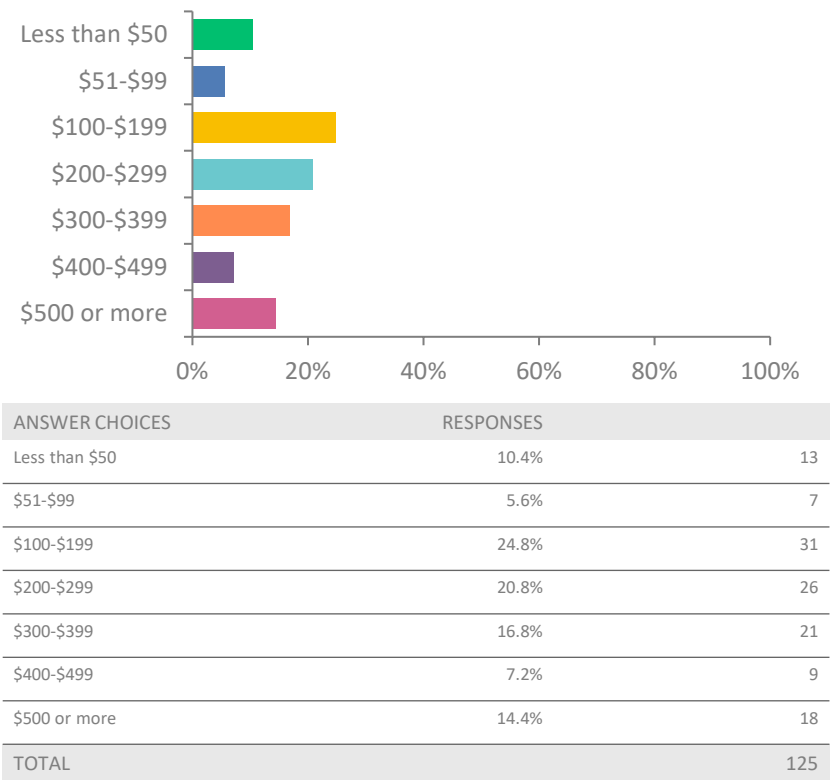
Answered: 193 Skipped: 165



ANSWER CHOICES	RESPONSES	
Villa/Condo Rental	25.39%	49
Timeshare (Home/Villa/Condo)	10.36%	20
Our Own Vacation Home (Home/Villa/Condo)	18.13%	35
Home Rental	6.22%	12
Full Service Hotel	15.03%	29
Limited Service Hotel/Motel	1.55%	3
With Friends/Relatives	16.58%	32
RV Park	2.07%	4
Other	0.00%	0
Other (please specify)	4.66%	9
TOTAL		193

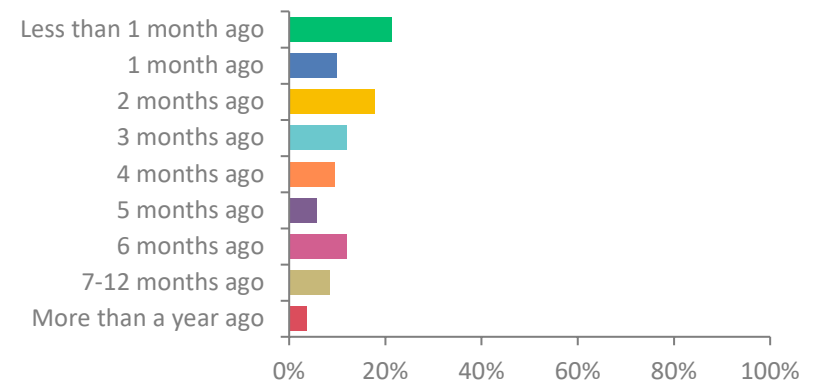
Q7: Approximately, how much will your travel party spend on lodging
PER NIGHT?

Answered: 161 Skipped: 197



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

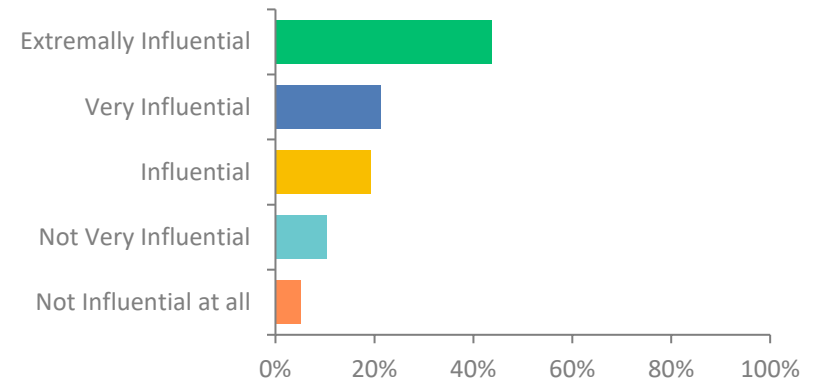
Answered: 192 Skipped: 166



ANSWER CHOICES	RESPONSES	
Less than 1 month ago	21.35%	41
1 month ago	9.90%	19
2 months ago	17.71%	34
3 months ago	11.98%	23
4 months ago	9.38%	18
5 months ago	5.73%	11
6 months ago	11.98%	23
7-12 months ago	8.33%	16
More than a year ago	3.65%	7
TOTAL		192

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

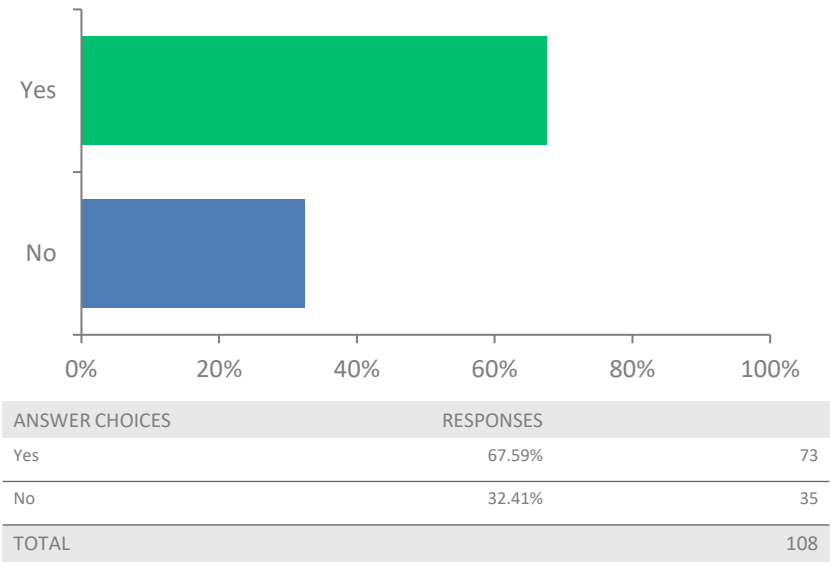
Answered: 192 Skipped: 166



ANSWER CHOICES	RESPONSES	
Extremally Influential	43.75%	84
Very Influential	21.35%	41
Influential	19.27%	37
Not Very Influential	10.42%	20
Not Influential at all	5.21%	10
TOTAL		192

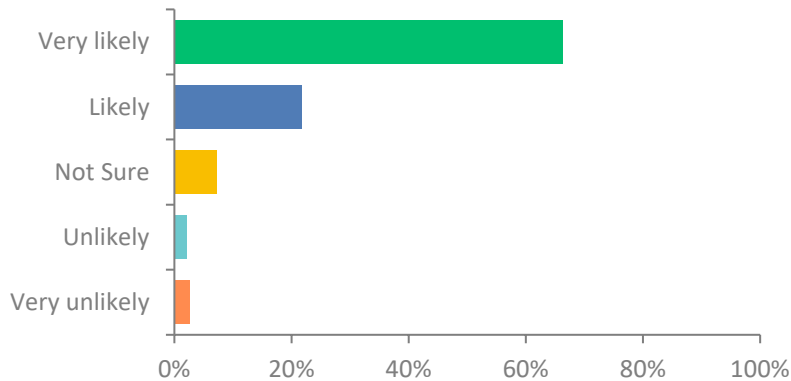
Q10: Would you have visited the Hilton Head area AT THIS TIME even if this festival had not been held?

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?

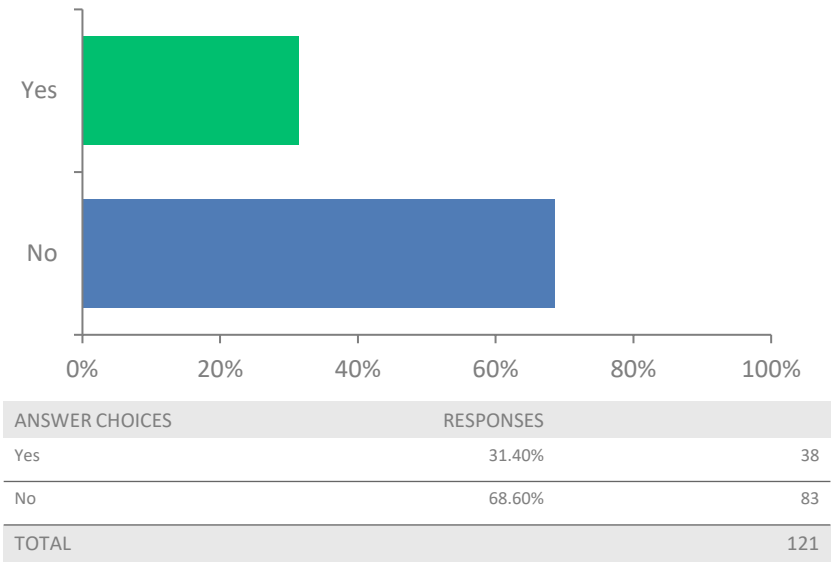
Answered: 193 Skipped: 165



ANSWER CHOICES	RESPONSES	
Very likely	66.32%	128
Likely	21.76%	42
Not Sure	7.25%	14
Unlikely	2.07%	4
Very unlikely	2.59%	5
TOTAL		193

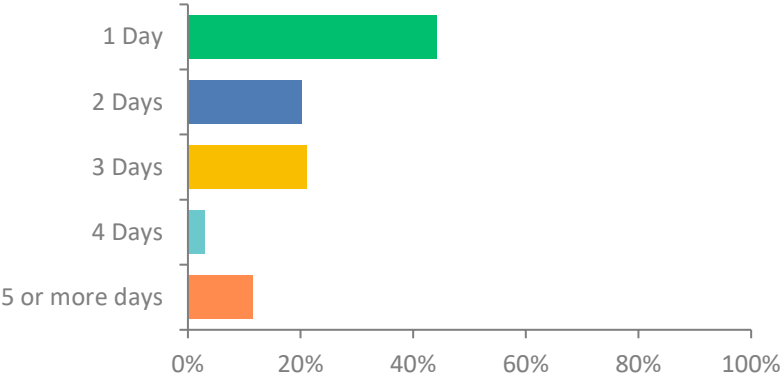
Q12: Did you extend your stay in the Hilton Head area because you wanted to attend this festival?

Answered: 121 Skipped: 237



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

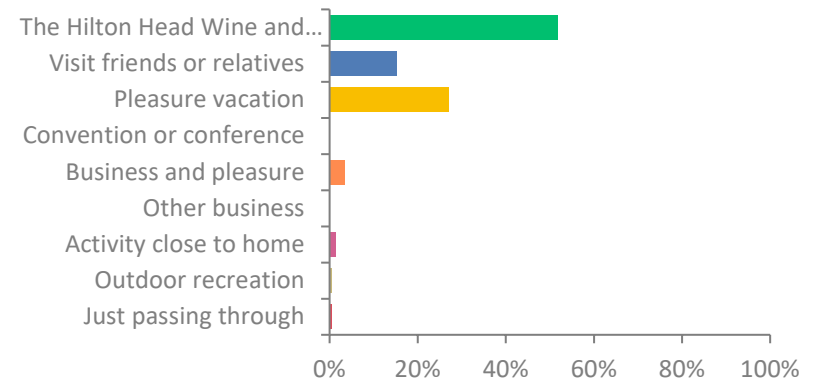
Answered: 104 Skipped: 254



ANSWER CHOICES	RESPONSES	
1 Day	44.23%	46
2 Days	20.19%	21
3 Days	21.15%	22
4 Days	2.88%	3
5 or more days	11.54%	12
TOTAL		104

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

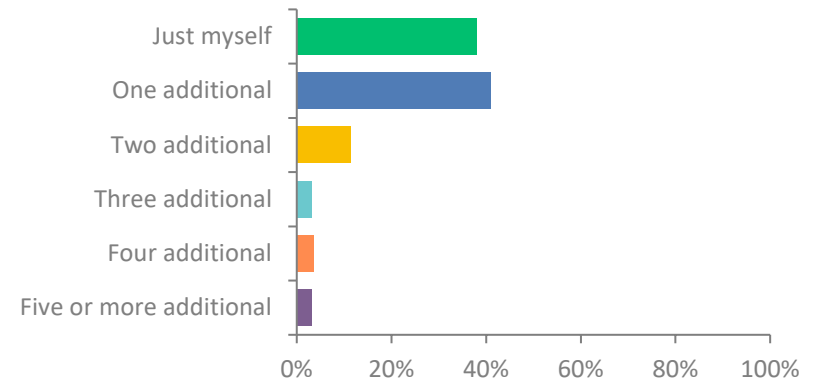
Answered: 228 Skipped: 130



ANSWER CHOICES	RESPONSES	
The Hilton Head Wine and Food Festival	51.75%	118
Visit friends or relatives	15.35%	35
Pleasure vacation	27.19%	62
Convention or conference	0.00%	0
Business and pleasure	3.51%	8
Other business	0.00%	0
Activity close to home	1.32%	3
Outdoor recreation	0.44%	1
Just passing through	0.44%	1
TOTAL		228

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

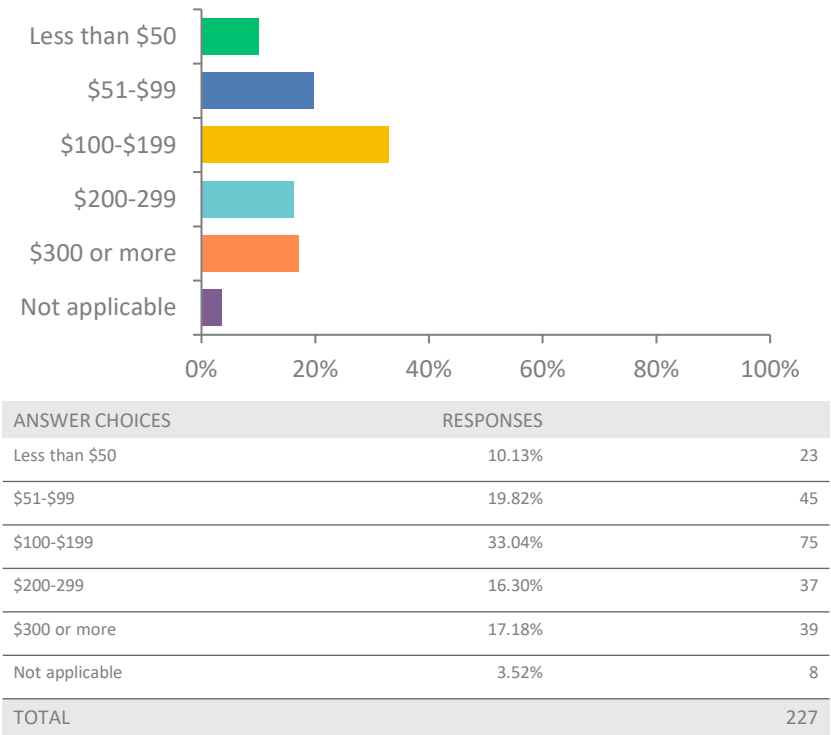
Answered: 229 Skipped: 129



ANSWER CHOICES	RESPONSES	
Just myself	37.99%	87
One additional	41.05%	94
Two additional	11.35%	26
Three additional	3.06%	7
Four additional	3.49%	8
Five or more additional	3.06%	7
TOTAL	229	

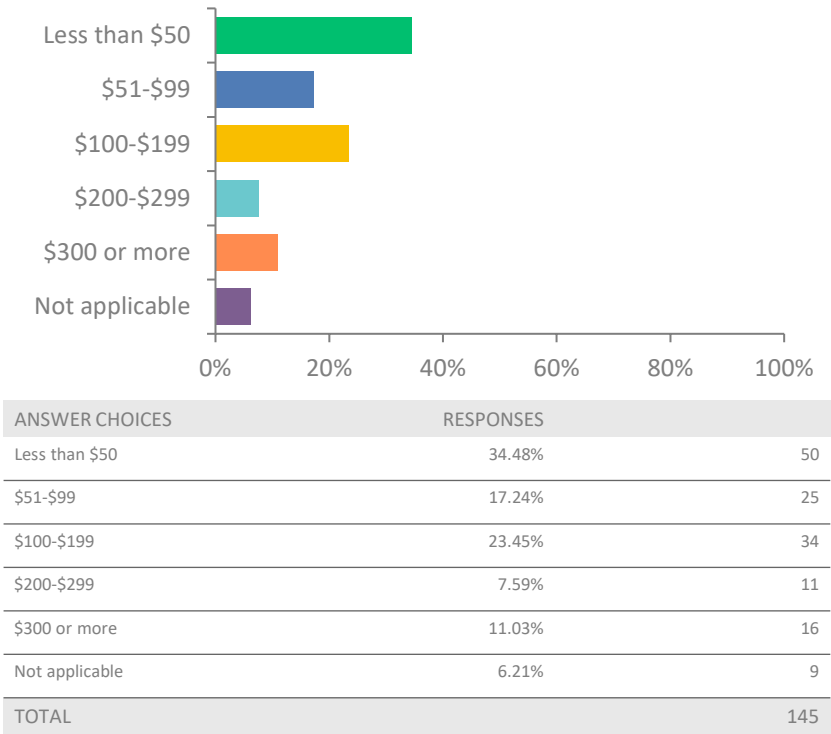
Q16: Approximately, how much will your travel party spend on restaurant dining PER DAY?

Answered: 227 Skipped: 131



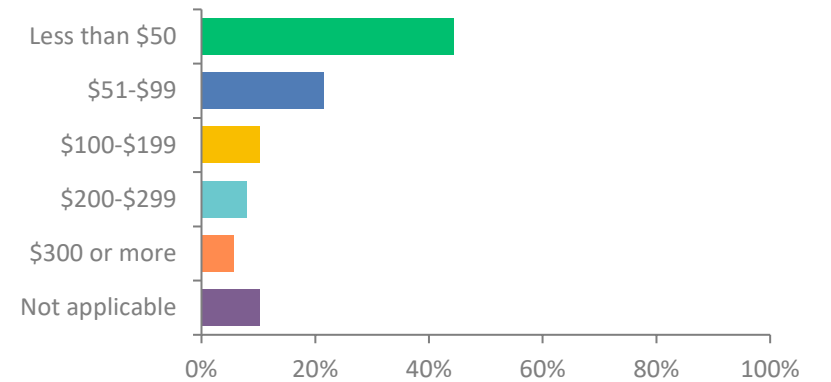
Q17: How much do you think your travel party will spend on retail purchases PER DAY (i.e. gifts, souvenirs, etc.?)

Answered: 145 Skipped: 213



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

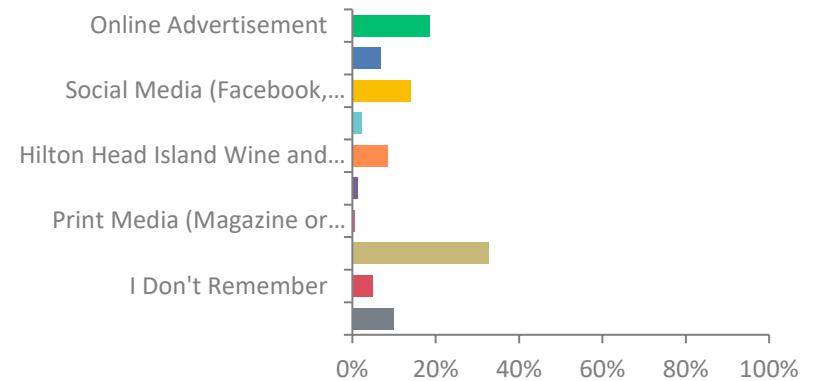
Answered: 88 Skipped: 270



ANSWER CHOICES	RESPONSES	
Less than \$50	44.32%	39
\$51-\$99	21.59%	19
\$100-\$199	10.23%	9
\$200-\$299	7.95%	7
\$300 or more	5.68%	5
Not applicable	10.23%	9
TOTAL		88

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

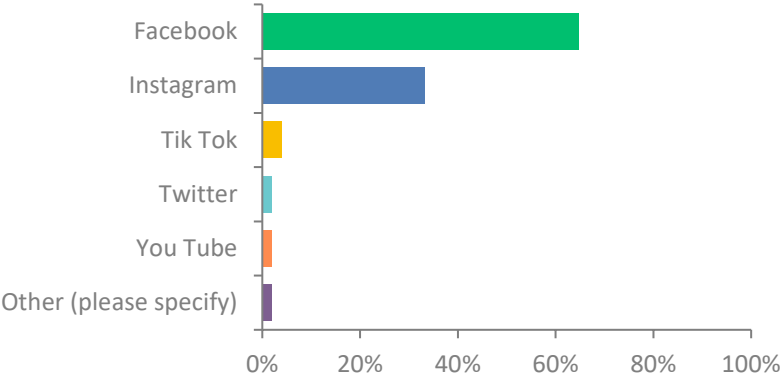
Answered: 350 Skipped: 8



ANSWER CHOICES	RESPONSES	
Online Advertisement	18.57%	65
Email Marketing	6.86%	24
Social Media (Facebook, Instagram, Twitter, etc)	14.00%	49
Hilton Head Island Visitor and Convention Bureau Website	2.29%	8
Hilton Head Island Wine and Food Festival Website	8.57%	30
Radio or TV	1.43%	5
Print Media (Magazine or Newspaper)	0.57%	2
Word of Mouth	32.86%	115
I Don't Remember	4.86%	17
Other (please specify)	10.00%	35
TOTAL		350

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

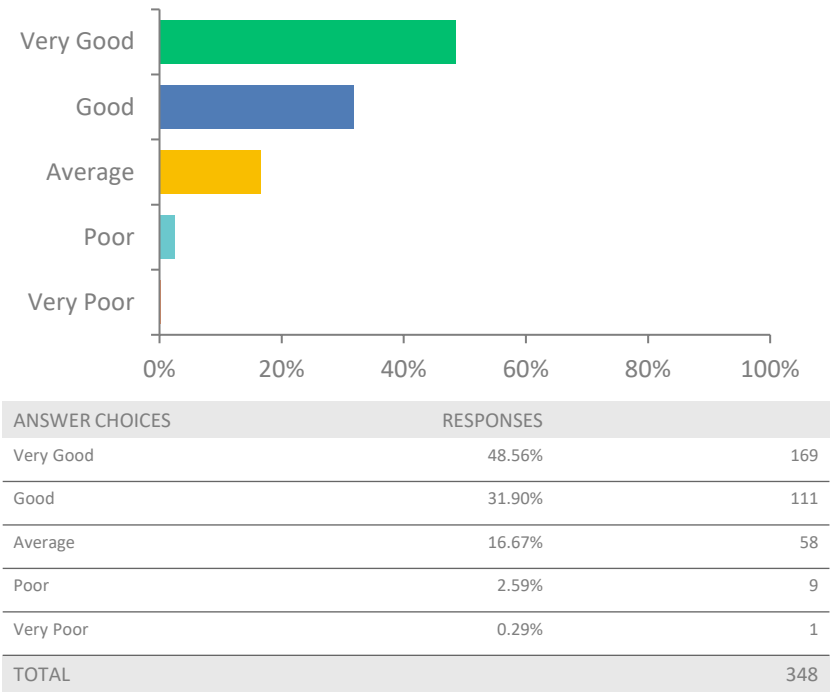
Answered: 51 Skipped: 307



ANSWER CHOICES	RESPONSES	
Facebook	64.71%	33
Instagram	33.33%	17
Tik Tok	3.92%	2
Twitter	1.96%	1
You Tube	1.96%	1
Other (please specify)	1.96%	1
TOTAL		55

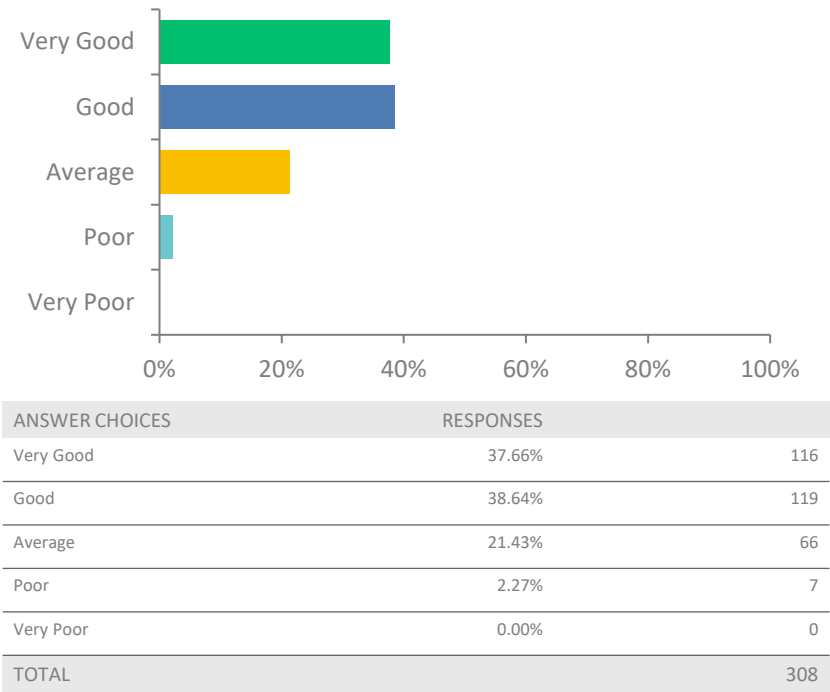
Q21: How would you rate the music at this event?

Answered: 348 Skipped: 10



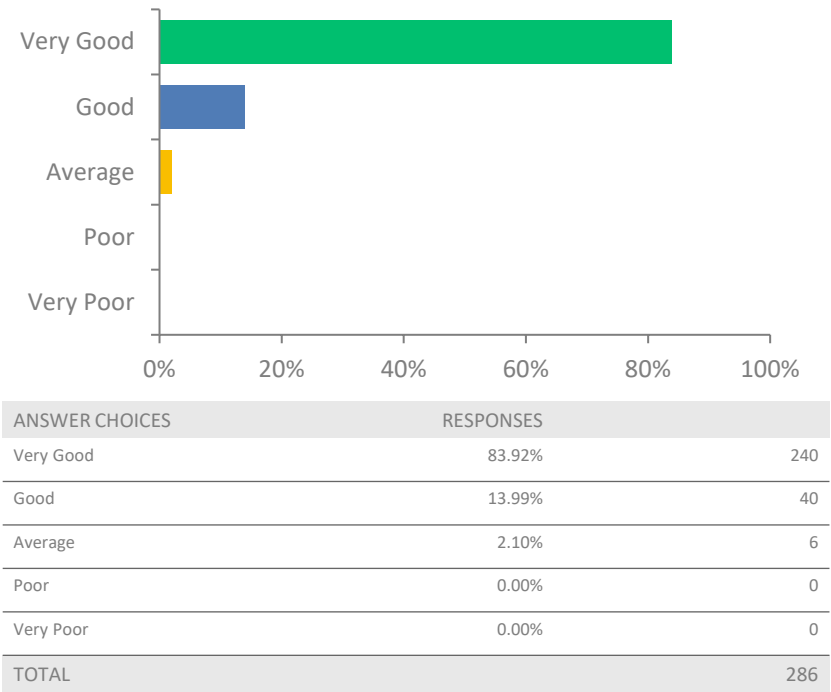
Q22: How would you rate the cost of this event?

Answered: 308 Skipped: 50



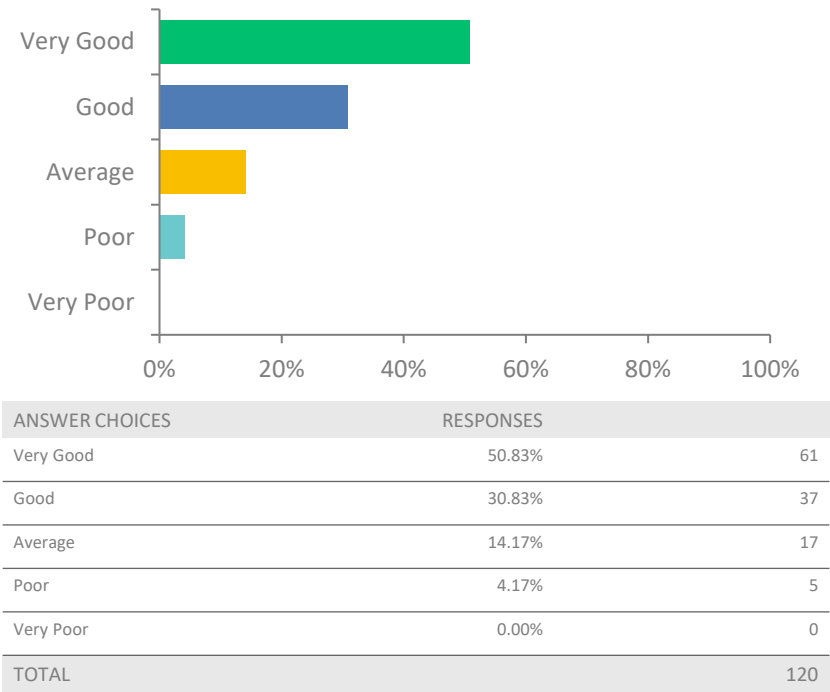
Q23: How would you rate the staff friendliness at this event?

Answered: 286 Skipped: 72



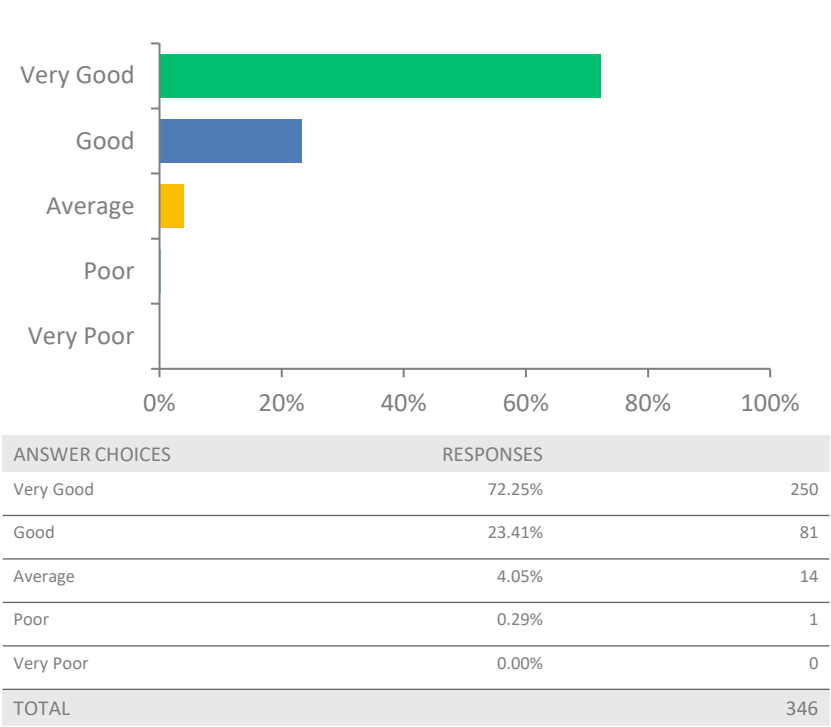
Q24: How would you rate the quality of purchased food at this event?

Answered: 120 Skipped: 238



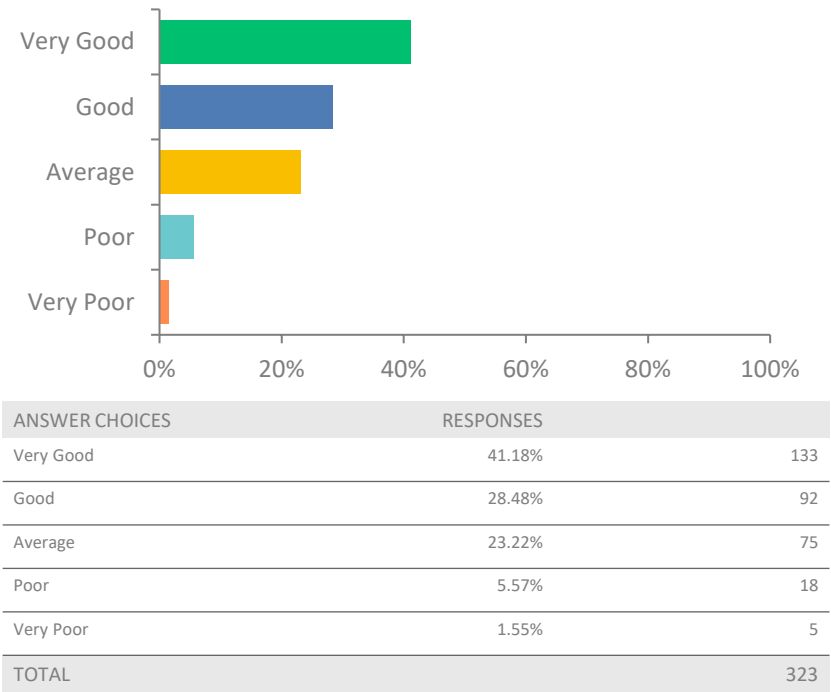
Q25: How would you rate the wine vendor variety at this event?

Answered: 346 Skipped: 12



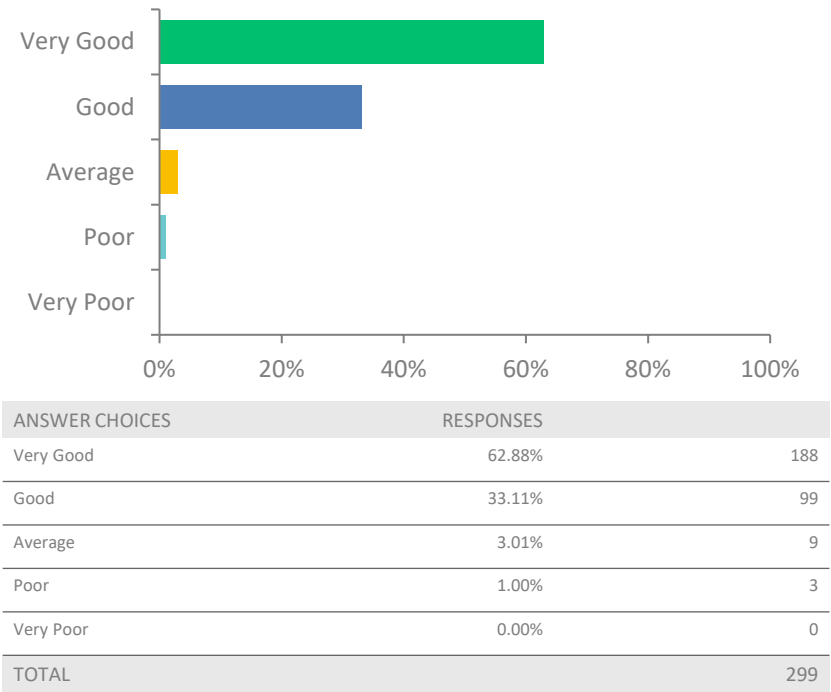
Q26: How would you rate your personal wine knowledge?

Answered: 323 Skipped: 35



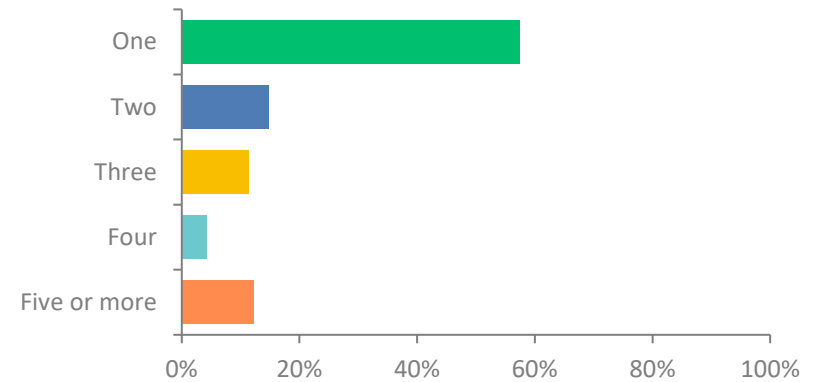
Q27: How would you rate the overall value of the event?

Answered: 299 Skipped: 59



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

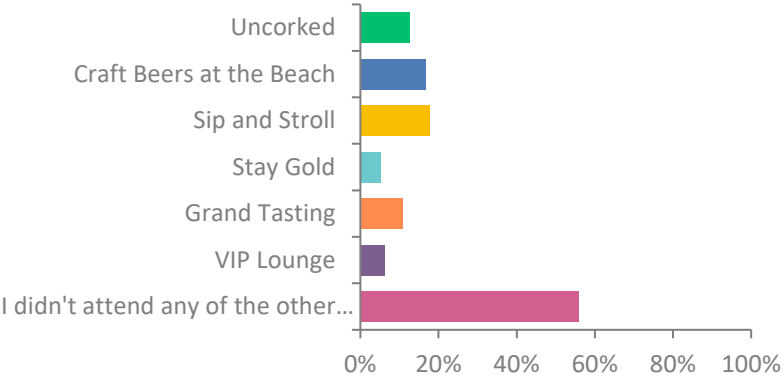
Answered: 353 Skipped: 5



ANSWER CHOICES	RESPONSES	
One	57.51%	203
Two	14.73%	52
Three	11.33%	40
Four	4.25%	15
Five or more	12.18%	43
TOTAL		353

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

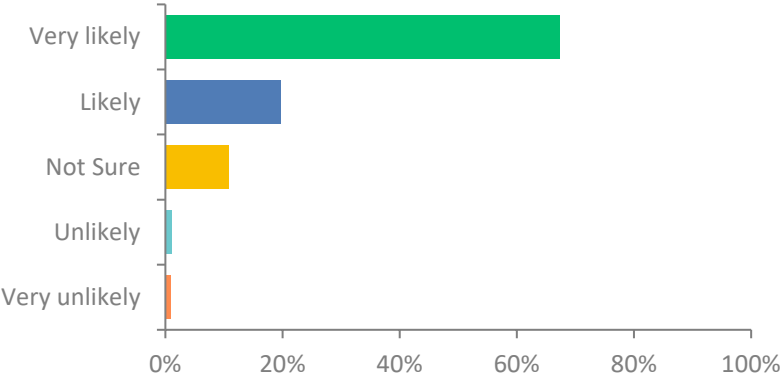
Answered: 348 Skipped: 10



ANSWER CHOICES	RESPONSES	
Uncorked	12.64%	44
Craft Beers at the Beach	16.67%	58
Sip and Stroll	17.82%	62
Stay Gold	5.17%	18
Grand Tasting	10.92%	38
VIP Lounge	6.32%	22
I didn't attend any of the other Wine & Food events	56.03%	195
TOTAL		437

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

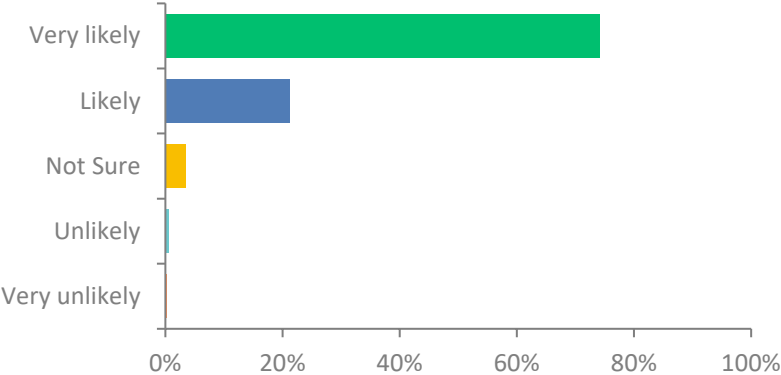
Answered: 349 Skipped: 9



ANSWER CHOICES	RESPONSES	
Very likely	67.34%	235
Likely	19.77%	69
Not Sure	10.89%	38
Unlikely	1.15%	4
Very unlikely	0.86%	3
TOTAL		349

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

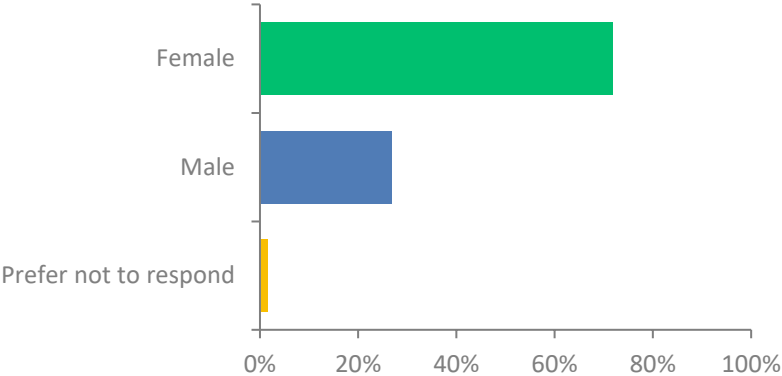
Answered: 310 Skipped: 48



ANSWER CHOICES	RESPONSES	
Very likely	74.19%	230
Likely	21.29%	66
Not Sure	3.55%	11
Unlikely	0.65%	2
Very unlikely	0.32%	1
TOTAL		310

Q32: How do you identify?

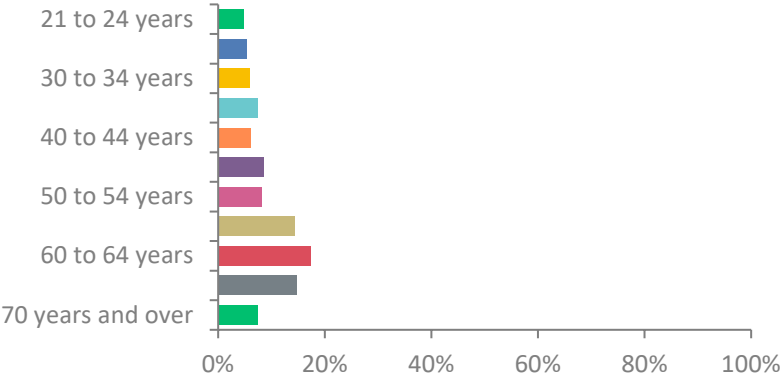
Answered: 346 Skipped: 12



ANSWER CHOICES	RESPONSES	
Female	71.68%	248
Male	26.88%	93
Prefer not to respond	1.45%	5
TOTAL		346

Q33: Please indicate your age below.

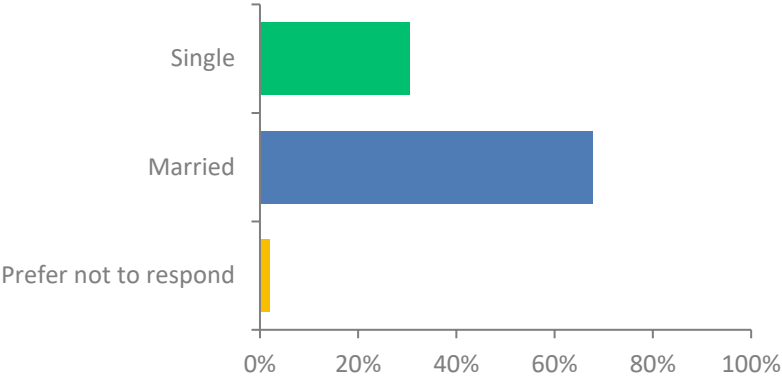
Answered: 340 Skipped: 18



ANSWER CHOICES	RESPONSES	
21 to 24 years	4.71%	16
25 to 29 years	5.29%	18
30 to 34 years	5.88%	20
35 to 39 years	7.35%	25
40 to 44 years	6.18%	21
45 to 49 years	8.53%	29
50 to 54 years	8.24%	28
55 to 59 years	14.41%	49
60 to 64 years	17.35%	59
65 to 69 years	14.71%	50
70 years and over	7.35%	25
TOTAL		340

Q34: Please indicate your marital status.

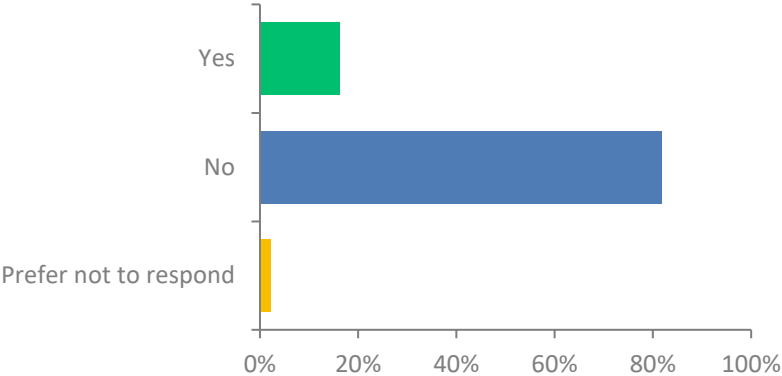
Answered: 346 Skipped: 12



ANSWER CHOICES	RESPONSES	
Single	30.35%	105
Married	67.63%	234
Prefer not to respond	2.02%	7
TOTAL		346

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

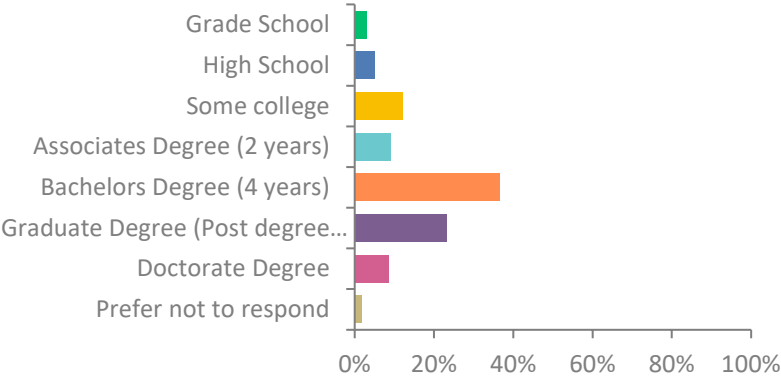
Answered: 338 Skipped: 20



ANSWER CHOICES	RESPONSES	
Yes	16.27%	55
No	81.66%	276
Prefer not to respond	2.07%	7
TOTAL		338

Q36: Please indicate your highest level of education.

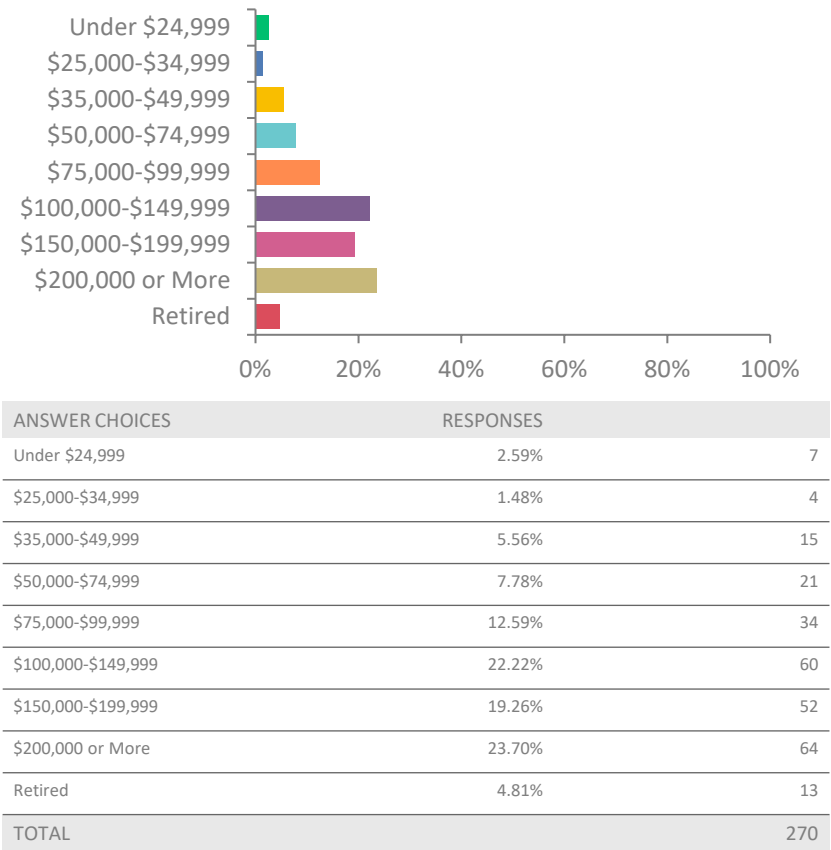
Answered: 347 Skipped: 11



ANSWER CHOICES	RESPONSES	
Grade School	3.17%	11
High School	5.19%	18
Some college	12.10%	42
Associates Degree (2 years)	9.22%	32
Bachelors Degree (4 years)	36.60%	127
Graduate Degree (Post degree / Masters)	23.34%	81
Doctorate Degree	8.65%	30
Prefer not to respond	1.73%	6
TOTAL		347

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 Suggestions.

- *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 a sheet list of vendors & products to take notes & not have to take pictures or remember after a 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.
- c. Ed introduced himself. He also gave a brief history of his background in the financial business. He served on the board as Treasurer for several years.

2. Introduction of Rebecca Pollard – New assistant

- a. She came highly recommended by Sean Barth at USCB

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

3. Meet Dave Peck – Potential New Board Member

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

4. Financials -

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

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

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

5. How Rebecca is going to help –

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

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

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

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

7. Kaylee Rose – Headliner for Rhythm & Brews

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

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

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

General media info: <https://iamkayleerose.my.canva.site/>

Performance feature from CMA fest (10m+ views):

<https://www.instagram.com/reel/DKvFB70SpE9/>

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



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

8. Volunteers –

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

9. USCB –

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

10. TCL –

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

11. Moving the office -

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

12. Jackie – update

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

- b. The proposals only showed services and a total amount. I asked her to send me the proposals back, but for each part of the service to be itemized on July 21st.
- c. She sent me an email on August 1st saying she had received my email and would respond to it after she returned from vacation on August 12th.

13. BMW is exploring being a sponsor for the 2026 HHWFF –

14. Whitehaven is exploring being a sponsor for the 2026 HHWFF –

15. Tanger, who was a new sponsor this year, has already committed to 2026 and said they will be involved at a bigger level.

Other Business – There was no other business.

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

	Hilton Head Wine and Food Festival				
		Wine and Food Festival		Budget	
		Budget for March 2026			
Revenue					
	Wine Entries			\$15,000	
	Festival Events			\$240,000	
	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	
	ATAH Town of HHI			\$130,000	
	ATAH Beaufort County			\$0	
	SCPRT			\$5,000	
	Sub Total Grants			\$135,000	
	Total Revenue			\$492,000	
Scholarship					
	Scholarship Expenses			\$25,000	
Administration					
	Direct Administrative Expenses			\$88,000	
	Exec Dir = \$48k Assitant = \$40k				
Marketing & PR					
	Marketing and PR			\$25,000	
Advertising					
	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
Event Expenses					
	Ticketing Fees			\$12,500	
	Logistics			\$5,000	
	Trash & Recycling			\$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	
	Travel to Increase entries			\$1,250	
	Subtotal for Judging Expenses				\$9,650
Other Expenses					
	Bank and Credit Card Fees			\$6,500	
	Equipment			\$1,500	
	Postage			\$500	

	Professional Fees			\$1,000	
	Supplies & Misc Expenses			\$2,500	
	Website Maintenance			\$1,000	
	Office & Storage Facility Rent	moving - rent increasing		\$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 occurring				

Hilton Head Hospitality Association

Profit & Loss

July 2024 through June 2025

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

Hilton Head Hospitality Association

Profit & Loss

July 2024 through June 2025

	Jul '24 - Jun 25
6630 · Wine & Food Fest Expenses	
6631 · Ticketing Fees	12,243.29
6632 · Logistics	23,057.06
6634 · Trash & Recycling	5,259.18
6635 · Audio, Visual, Etc.	5,624.23
6635.1 · Photography	1,025.00
6636 · Tables, Chairs, Furniture, Etc.	10,699.44
6637 · Tents, Etc.	14,753.16
6638 · Restroom Services	7,923.77
6639 · Transportation	1,050.00
6641 · Golf Cart Rental	378.20
6643 · Fencing	4,119.15
6644 · Glassware	14,388.17
6645 · Entertainment	3,950.00
6646 · Insurance	1,735.00
6647 · Facility Rental	2,765.20
6649 · Beaufort County Sheriff	2,913.76
6652 · Ice	3,501.08
6653 · Survey	2,100.00
6654 · Printing	
6655 · Programs	750.00
6656 · Maps	926.00
6657 · Signs	3,025.21
Total 6654 · Printing	4,701.21
6659 · Security	2,737.48
6664 · Licenses	2,732.00
6668 · Wine	1,584.72
6670 · Give Away Item For Survey	686.34
6674 · Lodging	1,233.78
6679 · Enofile Expenses	1,390.00
6680 · Office Expenses	210.00
6681 · Other Event Expenses	7,153.92
Total 6630 · Wine & Food Fest Expenses	139,915.14
6666 · Judging Expenses	4,214.06
Total 6600 · WineFestival Production Costs	394,494.96
6682 · Bank & Credit Card Fees	6,312.20
6683 · Special Events Expense	
6654.01 · Stay Gold Event Expense	8,731.36
6683 · Special Events Expense - Other	4,180.00
Total 6683 · Special Events Expense	12,911.36
6684 · Equipment	60.25
6685 · Insurance	8,255.38
6686 · Postage	256.00
6689 · Professional Fees - Legal	795.00
6690 · Sponsorship Expense	386.00
6691 · Supplies & Misc. Expense	22,249.65
6693 · Website Maintenance	2,250.00
6697 · Office & Storage Facility Rent	12,525.00
Total 6100 · Program and Festivals Expense	480,495.80
9999 · 9999 Unknown	0.04
Total Expense	480,495.84
Net Income	24,229.86

Hilton Head Hospitality Association

Balance Sheet

As of September 3, 2025

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

Hilton Head Hospitality Association

Profit & Loss

July 2023 through June 2024

	Jul '23 - Jun 24
Income	
4100 · Programs and Festivals	
4600 · WineFestival Income	
4605 · Intrn'l Wine Judging Entries	12,920.00
4606 · Admissions	
4606.1 · Uncorked	2,969.07
4607 · Grand Tasting	28,025.93
4608 · Public Tasting	122,065.12
4611 · Other Events	
4611.11 · Sip & Stroll	18,298.44
4611.22 · Craft Beer Event	19,933.13
Total 4611 · Other Events	38,231.57
4612 · Unassigned Receipts	11,412.08
Total 4606 · Admissions	202,703.77
Total 4600 · WineFestival Income	215,623.77
4615 · Grand Tasting Auction	8,107.00
4616 · Public Tasting Auction	2,080.00
4617 · Wine Vendor Booths	7,125.00
4618 · Food Vendor Booths	1,250.00
4619 · Retail Vendor Booths	
462001 · Sales at Retail Tent	480.00
4619 · Retail Vendor Booths - Other	1,250.00
Total 4619 · Retail Vendor Booths	1,730.00
4640 · Sponsorship	70,500.00
4655 · Grants	
4656 · Town of HHI ATAX	119,230.22
4657 · Beaufort County ATAX	10,000.00
4658 · SCPRT	10,691.71
Total 4655 · Grants	139,921.93
Total 4100 · Programs and Festivals	446,337.70
4611.08 · Stay Gold Event	25,444.69
4799 · Rhythm & Brews Event	31,975.00
4800 · Miscellaneous Income	-199.99
Total Income	503,557.40
Expense	
6100 · Program and Festivals Expense	
6500 · Scholarship Expense	11,000.00
6600 · WineFestival Production Costs	
6602 · Marketing & PR	
6606 · Other Marketing & PR	24,000.00
Total 6602 · Marketing & PR	24,000.00
6606.5 · Direct Administrative Expense	
6607 · Festival Director	48,000.00
Total 6606.5 · Direct Administrative Expense	48,000.00
6609 · Grand Tasting Expense	19,028.50

Hilton Head Hospitality Association

Profit & Loss

July 2023 through June 2024

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

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

Hilton Head Hospitality Association

Profit & Loss

July 2022 through June 2023

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

Hilton Head Hospitality Association

Profit & Loss

July 2022 through June 2023

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

Hilton Head Hospitality Association
Profit & Loss
July 2022 through June 2023

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

Hilton Head Hospitality Association

Balance Sheet

As of June 30, 2023

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

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
401 W. PEACHTREE ST. NW
ATLANTA, GA 30345
JUL 28 1995

DEPARTMENT OF THE TREASURY

Date:

Employer Identification Number:
57-0798565

Case Number:

585080027

Contact Person:

ARJEANE H. BARRS

Contact Telephone Number:

(404) 331-0730

HILTON HEAD HOSPITALITY ASSOCIATION
INC
C/O JANICE L LEWIS
PO BOX 5097
HILTON HEAD ISLAND: SC 29928-5097

Internal Revenue Code

Section 501(c)(6)

Accounting Period Ending:

December 31

Form 990 Required:

Yes

Addendum Applies:

Yes

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in the section indicated above.

Unless specifically excepted, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) for each employee to whom you pay \$100 or more during a calendar year. And, unless excepted, you are also liable for tax under the Federal Unemployment Tax Act for each employee to whom you pay \$50 or more during a calendar quarter if, during the current or preceding calendar year, you had one or more employees at any time in each of 20 calendar weeks or you paid wages of \$1,500 or more in any calendar quarter. If you have any questions about excise, employment, or other Federal taxes, please address them to this office.

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

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

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

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

December 6, 2024

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

Statement of Charges for Services Rendered:

Tax Preparation Fees:

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

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.**2023****Open to Public
Inspection**

A For the 2023 calendar year, or tax year beginning <u>Jul 1</u> , 2023, and ending <u>Jun 30</u> , 2024		
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization <u>HILTON HEAD AREA HOSPITALITY ASSOCIATION</u> Doing business as <u>HILTON HEAD ISLAND WINE & FOOD, INC.</u> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>POST OFFICE BOX 5097</u> City or town, state or province, country, and ZIP or foreign postal code <u>HILTON HEAD ISLAND, SC 29938</u>	D Employer identification number <u>57-0798565</u> E Telephone number <u>(843) 301-9256</u> G Gross receipts \$ <u>503,557.</u>
	F Name and address of principal officer: <u>JEFF GERBER, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938</u>	
	H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions.	
	I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(<u>6</u>) (insert no.) ☐ 4947(a)(1) or ☐ 527	
	J Website: <u>www.hiltonheadhospitalityassociation.com</u> H(c) Group exemption number	
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation: <u>1995</u> M State of legal domicile: <u>SC</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROMOTE THE HILTON HEAD ISLAND, SC HOSPITALITY INDUSTRY</u>
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 <u>9</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 <u>9</u>
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 <u>0</u>
	6 Total number of volunteers (estimate if necessary) 6 <u>200</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a <u>0.</u>
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b <u>0.</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h) 8 <u>454,801.</u>
	9 Program service revenue (Part VIII, line 2g) 9 <u>503,557.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 <u>0.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 <u>0.</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 <u>454,801.</u> <u>503,557.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 <u>19,651.</u> <u>11,000.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4) 14 <u>0.</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 <u>0.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e) 16a <u>0.</u>
	b Total fundraising expenses (Part IX, column (D), line 25) b <u>0.</u>
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 <u>417,872.</u> <u>491,134.</u>
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 <u>437,523.</u> <u>502,134.</u>
19 Revenue less expenses. Subtract line 18 from line 12 19 <u>17,278.</u> <u>1,423.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 20 <u>276,045.</u> <u>277,468.</u>
	21 Total liabilities (Part X, line 26) 21 <u>0.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20 22 <u>276,045.</u> <u>277,468.</u>

Part II Signature Block

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

Sign Here	Signature of officer <u>JEFF GERBER, EXECUTIVE DIRECTOR</u>		Date 		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <u>HUBERT L BERNHEIM</u>	Preparer's signature 	Date <u>12/06/2024</u>	Check ☒ if self-employed	PTIN <u>P01284405</u>
	Firm's name <u>HUBERT L. BERNHEIM, CPA</u>	Firm's EIN <u>36-2750133</u>			
	Firm's address <u>POST OFFICE DRAWER NINE, HILTON HEAD ISLAND, SC 29938</u>	Phone no. <u>(843) 671-6005</u>			

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

TO PROMOTE THE HILTON HEAD ISLAND, SC HOSPITALITY INDUSTRY

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 486,502. including grants of \$ 11,000.) (Revenue \$ 503,557.)
PRODUCTION OF WINE AND FOOD FESTIVAL**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 486,502.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

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

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,000.	11,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management	48,000.	48,000.		
b Legal				
c Accounting	1,000.		1,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	148,295.	148,295.		
13 Office expenses	522.		522.	
14 Information technology				
15 Royalties				
16 Occupancy	12,998.		12,998.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	10,363.	10,363.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a POSTAGE	262.		262.	
b EQUIPMENT	50.		50.	
c WEBSITE MAINTENANCE	800.		800.	
d FESTIVAL PRODUCTION COST	268,844.	268,844.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	502,134.	486,502.	15,632.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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

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

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	503,557.
2	Total expenses (must equal Part IX, column (A), line 25)	2	502,134.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,423.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	276,045.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	277,468.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Employer identification number

HILTON HEAD AREA HOSPITALITY ASSOCIATION

57-0798565

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	☐ Yes ☐ No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	☐ Yes ☐ No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

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

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

Part IV Escrow and Custodial Arrangements

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

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

Part V Endowment Funds

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

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

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

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

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

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

- (i)** Unrelated organizations? ☐ Yes ☐ No
- (ii)** Related organizations? ☐ Yes ☐ No

	Yes	No
3a(i)	☐	☐
3a(ii)	☐	☐
3b	☐	☐

- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

Part VI Land, Buildings, and Equipment

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

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

Part VII Investments—Other Securities

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

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

Part VIII Investments—Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

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

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

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

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

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

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

[illegible]

Part XIII **Supplemental Information** *(continued)*

Area for supplemental information with horizontal dashed lines.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

HILTON HEAD AREA HOSPITALITY ASSOCIATION

Employer identification number

57-0798565

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

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

OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE

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

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

FOR VIEWING ON THE WEBSITE OF GUIDESTAR.

**IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning Jul 1, 2023, and ending Jun 30, 2024**2023**Department of the Treasury
Internal Revenue ServiceDo not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

HILTON HEAD AREA HOSPITALITY ASSOCIATION

57-0798565

Name and title of officer or person subject to tax

JEFF GERBER, EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

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

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

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

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

PIN: check one box only☐ I authorize _____

ERO firm name

to enter my PIN

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

as my signature

Enter five numbers, but
do not enter all zeros

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

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

Signature of officer or person subject to tax _____

Date 07/23/2024**Part III Certification and Authentication**

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

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

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____

Date 12/06/2024

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

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

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning Jul 1, 2022, and ending Jun 30, 2023**2022**Department of the Treasury
Internal Revenue ServiceDo not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

HILTON HEAD AREA HOSPITALITY ASSOCIATION

57-0798565

Name and title of officer or person subject to tax

JEFF GERBER, EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

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

1a Form 990 check here ☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	454,801.
2a Form 990-EZ check here ☐	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ☐	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ☐	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here ☐	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here ☐	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ☐	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here ☐	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here ☐	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here ☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

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

PIN: check one box only☐ I authorize _____

ERO firm name

to enter my PIN

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

as my signature

Enter five numbers, but
do not enter all zeros

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

☒ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Date **Part III Certification and Authentication**

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

5	7	0	4	1	2	5	1	3	5	5
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

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

ERO's signature _____

Date 09/22/2023

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

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2022Department 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 calendar year, or tax year beginning <u>Jul 1</u> , 2022, and ending <u>Jun 30</u> , 2023																										
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>HILTON HEAD AREA HOSPITALITY ASSOCIATION</u></td> <td>D Employer identification number <u>57-0798565</u></td> </tr> <tr> <td colspan="2">Doing business as <u>HILTON HEAD ISLAND WINE & FOOD, INC.</u></td> <td rowspan="2">E Telephone number <u>(843) 441-9633</u></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2"><u>POST OFFICE BOX 5097</u></td> <td rowspan="2">G Gross receipts \$ <u>454,801.</u></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <u>HILTON HEAD ISLAND, SC 29938</u></td> </tr> <tr> <td colspan="3"> F Name and address of principal officer: <u>SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938</u> </td> </tr> <tr> <td colspan="2"> I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (<u>6</u>) (insert no.) ☐ 4947(a)(1) or ☐ 527 </td> <td> H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions. </td> </tr> <tr> <td colspan="2">J Website: <u>www.hiltonheadhospitalityassociation.com</u></td> <td>H(c) Group exemption number</td> </tr> <tr> <td colspan="2">K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other</td> <td>L Year of formation: <u>1995 M State of legal domicile: <u>SC</u></u></td> </tr> </table>	C Name of organization <u>HILTON HEAD AREA HOSPITALITY ASSOCIATION</u>		D Employer identification number <u>57-0798565</u>	Doing business as <u>HILTON HEAD ISLAND WINE & FOOD, INC.</u>		E Telephone number <u>(843) 441-9633</u>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<u>POST OFFICE BOX 5097</u>		G Gross receipts \$ <u>454,801.</u>	City or town, state or province, country, and ZIP or foreign postal code <u>HILTON HEAD ISLAND, SC 29938</u>		F Name and address of principal officer: <u>SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938</u>			I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (<u>6</u>) (insert no.) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions.	J Website: <u>www.hiltonheadhospitalityassociation.com</u>		H(c) Group exemption number	K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation: <u>1995 M State of legal domicile: <u>SC</u></u>
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J Website: <u>www.hiltonheadhospitalityassociation.com</u>		H(c) Group exemption number																								
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation: <u>1995 M State of legal domicile: <u>SC</u></u>																								

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO PROMOTE THE HILTON HEAD ISLAND, SC HOSPITALITY INDUSTRY</u>		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a) 3 9		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 9		
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 0		
	6	Total number of volunteers (estimate if necessary) 6 200		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.		
b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 640,684.	Current Year 454,801.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	640,684.	454,801.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,000.
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
b		Total fundraising expenses (Part IX, column (D), line 25)		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	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.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 258,767.	End of Year 276,045.
	21	Total liabilities (Part X, line 26)		
	22	Net assets or fund balances. Subtract line 21 from line 20	258,767.	276,045.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	<u>JEFF GERBER, EXECUTIVE DIRECTOR</u>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
	<u>HUBERT L BERNHEIM</u>		<u>09/22/2023</u>		<u>P01284405</u>
	Firm's name <u>HUBERT L. BERNHEIM, CPA</u>	Firm's EIN <u>36-2750133</u>		Firm's address <u>POST OFFICE DRAWER NINE, HILTON HEAD ISLAND, SC 29938</u>	
Firm's address <u>POST OFFICE DRAWER NINE, HILTON HEAD ISLAND, SC 29938</u>		Phone no. <u>(843) 671-6005</u>			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ NoFor Paperwork Reduction Act Notice, see the separate instructions. **BAA**

REV 05/17/23 PRO

Form **990** (2022)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:TO PROMOTE THE HILTON HEAD ISLAND, SC HOSPITALITY INDUSTRY**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 421,281. including grants of \$ 19,651.) (Revenue \$ 454,801.)
PRODUCTION OF WINE AND FOOD FESTIVAL**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 421,281.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	☒
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	☒
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	☒
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	☐
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	☒
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	☒
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	☒
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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.		
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	☒
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	☒
e 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	14b	☒
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? If "Yes," complete Schedule H	20a	☒
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	☐
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	☒

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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

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

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

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

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

Section C. Disclosure

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

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

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

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

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

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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

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

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

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

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	302,665.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	152,136.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f						454,801.
Program Service Revenue	2a Business Code							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
4		Income from investment of tax-exempt bond proceeds						
5		Royalties						
6a		Gross rents	6a	(i) Real	(ii) Personal			
b		Less: rental expenses	6b					
c		Rental income or (loss)	6c					
d		Net rental income or (loss)						
7a		Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
b		Less: cost or other basis and sales expenses	7b					
c		Gain or (loss)	7c					
d		Net gain or (loss)						
8a		Gross income from fundraising events (not including \$ 302,665. of contributions reported on line 1c). See Part IV, line 18	8a					
b		Less: direct expenses	8b					
c		Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a Business Code							
	b							
	c							
	d	All other revenue			0.	0.	0.	
	e	Total. Add lines 11a-11d			0.			
	12	Total revenue. See instructions			454,801.	0.	0.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

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

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

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

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	454,801.
2	Total expenses (must equal Part IX, column (A), line 25)	2	437,523.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,278.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	258,767.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	276,045.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

Employer identification number

HILTON HEAD AREA HOSPITALITY ASSOCIATION

57-0798565

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	☐ Yes ☐ No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	☐ Yes ☐ No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

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

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

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

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

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

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

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

Part XIII **Supplemental Information.**

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

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Part XIII **Supplemental Information** *(continued)*

Area for supplemental information with horizontal dashed lines.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

HILTON HEAD AREA HOSPITALITY ASSOCIATION

Employer identification number

57-0798565

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

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

OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE

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

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

FOR VIEWING ON THE WEBSITE OF GUIDESTAR.

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning Jul 1, 2021, and ending Jun 30, 2022**2021**Department of the Treasury
Internal Revenue Service▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

HILTON HEAD AREA HOSPITALITY ASSOCIATION

57-0798565

Name and title of officer or person subject to tax

JEFF GERBER, EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

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

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

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

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

PIN: check one box only

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

Enter five numbers, but
do not enter all zeros

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

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

Signature of officer or person subject to tax

Date ▶ 09/14/2022

Part III Certification and Authentication

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

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

Do not enter all zeros

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

ERO's signature ▶

Date ▶ 09/16/2022

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

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**2021****Open to Public Inspection**

A For the 2021 calendar year, or tax year beginning <u>Jul 1</u> , 2021, and ending <u>Jun 30</u> , 2022																								
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>HILTON HEAD AREA HOSPITALITY ASSOCIATION</u></td> <td>D Employer identification number <u>57-0798565</u></td> </tr> <tr> <td colspan="2">Doing business as <u>HILTON HEAD ISLAND WINE & FOOD, INC.</u></td> <td rowspan="2">E Telephone number <u>(843) 441-9633</u></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address) <u>POST OFFICE BOX 5097</u></td> <td>Room/suite</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <u>HILTON HEAD ISLAND, SC 29938</u></td> <td>G Gross receipts \$ <u>640,684.</u></td> </tr> <tr> <td colspan="3"> F Name and address of principal officer: <u>SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938</u> </td> </tr> <tr> <td colspan="2"> I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(<u>6</u>) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 </td> <td> H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions. </td> </tr> <tr> <td colspan="2">J Website: ▶ <u>www.hiltonheadhospitalityassociation.com</u></td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶</td> <td>L Year of formation: <u>1995</u> M State of legal domicile: <u>SC</u></td> </tr> </table>	C Name of organization <u>HILTON HEAD AREA HOSPITALITY ASSOCIATION</u>		D Employer identification number <u>57-0798565</u>	Doing business as <u>HILTON HEAD ISLAND WINE & FOOD, INC.</u>		E Telephone number <u>(843) 441-9633</u>	Number and street (or P.O. box if mail is not delivered to street address) <u>POST OFFICE BOX 5097</u>	Room/suite	City or town, state or province, country, and ZIP or foreign postal code <u>HILTON HEAD ISLAND, SC 29938</u>		G Gross receipts \$ <u>640,684.</u>	F Name and address of principal officer: <u>SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938</u>			I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(<u>6</u>) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions.	J Website: ▶ <u>www.hiltonheadhospitalityassociation.com</u>		H(c) Group exemption number ▶	K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation: <u>1995</u> M State of legal domicile: <u>SC</u>
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Part I Summary

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

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	<u>JEFF GERBER, EXECUTIVE DIRECTOR</u> Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <u>HUBERT L BERNHEIM</u>	Preparer's signature	Date <u>09/16/2022</u>	Check ☒ if self-employed	PTIN <u>P01284405</u>
	Firm's name ▶ <u>HUBERT L. BERNHEIM, CPA</u>			Firm's EIN ▶ <u>36-2750133</u>	
	Firm's address ▶ <u>POST OFFICE DRAWER NINE, HILTON HEAD ISLAND, SC 29938</u>			Phone no. <u>(843) 671-6005</u>	
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No					

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:TO PROMOTE THE HILTON HEAD ISLAND, SC HOSPITALITY INDUSTRY**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 514,523. including grants of \$ 6,000.) (Revenue \$)PRODUCTION OF WINE AND FOOD FESTIVAL**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 514,523.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 10		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b 10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

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

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

Section C. Disclosure

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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

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

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

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

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

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

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

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

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

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

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

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

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

Employer identification number

HILTON HEAD AREA HOSPITALITY ASSOCIATION

57-0798565

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X ► \$

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

[illegible]

Part XIII **Supplemental Information** *(continued)*

Area for supplemental information with horizontal dashed lines.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

HILTON HEAD AREA HOSPITALITY ASSOCIATION

Employer identification number

57-0798565

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

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

OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE

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

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

FOR VIEWING ON THE WEBSITE OF GUIDESTAR.

Form **8879-EO****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

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

▶ Go to www.irs.gov/Form8879EO for the latest information.**2020**Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax

HILTON HEAD AREA HOSPITALITY ASSOCIATION

Taxpayer identification number

57-0798565

Name and title of officer or person subject to tax

SCOTT ENTRUP, PRESIDENT

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

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

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

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

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

PIN: check one box only☐ I authorize _____

ERO firm name

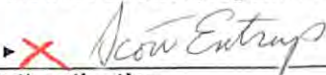
to enter my PIN

as my signature

Enter five numbers, but
do not enter all zeros

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

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

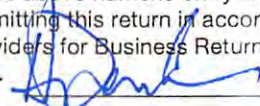
Signature of officer or person subject to tax ▶ Date ▶  11.03.2021**Part III Certification and Authentication**

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

5 7 0 4 1 2 5 1 3 5 5

Do not enter all zeros

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

ERO's signature ▶ 

Date ▶ 11/02/2021

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

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2020

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

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

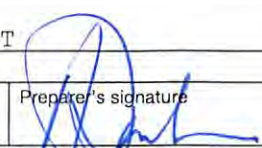
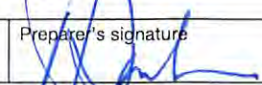
A For the 2020 calendar year, or tax year beginning <u>Jul 1</u> , 2020, and ending <u>Jun 30</u> , 2021																									
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>HILTON HEAD AREA HOSPITALITY ASSOCIATION</u></td> <td>D Employer identification number <u>57-0798565</u></td> </tr> <tr> <td colspan="2">Doing business as <u>HILTON HEAD ISLAND WINE & FOOD, INC.</u></td> <td></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address) <u>POST OFFICE BOX 5097</u></td> <td>Room/suite</td> <td>E Telephone number <u>(843) 686-4944</u></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <u>HILTON HEAD ISLAND, SC 29938</u></td> <td>G Gross receipts \$ <u>133,628.</u></td> </tr> <tr> <td colspan="3"> F Name and address of principal officer: <u>SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938</u> </td> </tr> <tr> <td colspan="2"> I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(<u>6</u>) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 </td> <td> H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions </td> </tr> <tr> <td colspan="2">J Website: ▶ <u>www.hiltonheadhospitalityassociation.com</u></td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2"> K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ </td> <td> L Year of formation: <u>1995 M State of legal domicile: <u>SC</u> </u></td> </tr> </table>	C Name of organization <u>HILTON HEAD AREA HOSPITALITY ASSOCIATION</u>		D Employer identification number <u>57-0798565</u>	Doing business as <u>HILTON HEAD ISLAND WINE & FOOD, INC.</u>			Number and street (or P.O. box if mail is not delivered to street address) <u>POST OFFICE BOX 5097</u>	Room/suite	E Telephone number <u>(843) 686-4944</u>	City or town, state or province, country, and ZIP or foreign postal code <u>HILTON HEAD ISLAND, SC 29938</u>		G Gross receipts \$ <u>133,628.</u>	F Name and address of principal officer: <u>SCOTT ENTRUP, POST OFFICE BOX 5097, HILTON HEAD ISLAND, SC 29938</u>			I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(<u>6</u>) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions	J Website: ▶ <u>www.hiltonheadhospitalityassociation.com</u>		H(c) Group exemption number ▶	K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation: <u>1995 M State of legal domicile: <u>SC</u> </u>
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Part I Summary

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

Part II Signature Block

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

Sign Here		11/04/2021	
	Signature of officer	Date	
	SCOTT ENTRUP, PRESIDENT		
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	HUBERT L BERNHEIM		11/04/2021
	Firm's name ▶ HUBERT L. BERNHEIM, CPA	Firm's EIN ▶ 36-2750133	Check ☒ if self-employed
	Firm's address ▶ POST OFFICE DRAWER NINE, HILTON HEAD ISLAND, SC 29938	Phone no. (843) 671-6005	PTIN P01284405

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

Part III **Statement of Program Service Accomplishments**

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

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

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

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

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

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

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

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

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

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 10		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

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

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

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

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

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

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

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

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

HILTON HEAD AREA HOSPITALITY ASSOCIATION

Employer identification number

57-0798565

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

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

OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE

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

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

FOR VIEWING ON THE WEBSITE OF GUIDESTAR.