

# 2023 Accommodations Tax Funds Request Application

**Organization Name:** Harbour Town Merchants Association

**Project/Event Name:** Harbour Town 4th of July Fireworks

## Executive Summary

Harbour Town Merchants Association has been able to consistently provide a quality 4th of July Fireworks display and experience for residents, resort guests and tourists. Funds from prior Atax grants have been used towards operating expenses including the contracts for the exhibition of fireworks (includes a barge), guest transportation (buses to and from the event location from parking lots), additional rental restroom facilities, extra labor for parking lot attendants and trash control, labor for the bus transportation after the exhibition, and security for the parking lots. The effectiveness is measured by the residents, resort guests and tourists' experience.

# 2023 Accommodations Tax Funds Request Application

Date Received: 08/30/2022	Time Received: 02:21 PM	By: Online Submittal
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*Applications will not be accepted if submitted after 4 pm on September 2, 2022*

## A. SUMMARY OF GRANT REQUEST:

**ORGANIZATION NAME:** Harbour Town Merchants Association

**Project/Event Name:** Harbour Town 4th of July Fireworks

Contact Name: Rob Bender Title: President

Address: 32 Greenwood Drive, Hilton Head Island, SC 29928

Email Address: mlogan@seapines.com Contact Phone: 843-842-1951

Event Date: July 4, 2023 Event Location: Harbour Town

**Total Budget:** \$72,899.00 **Grant Requested:** \$29,000.00

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

Harbour Town 4th of July Fireworks: Funds will be used to help with the costs of the event, including, but not limited to, fireworks, barge, buses, rental restroom facilities, additional labor, security for parking lots, etc. The event attracts 7,000+ people, including residents, resort guests and tourists based on previous years of daily passes sold on July 4 by CSA Security after 4:00 p.m., bus and trolley ridership and visual inspection of the crowd. We are one of two locations on Hilton Head Island that offers a 4th of July fireworks display every year.

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

We drive tourism by hosting a 4th of July Fireworks display on the south end of Hilton Head Island.

A. Total Number of Physical Tourists Served: 5,200

*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:

*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: 1,800

*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): 7,000

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

Bus ridership, trolley ridership, gate passes sold and resort occupancy; Parking lot counts.

**B. DESCRIPTION OF OPERATIONS:**

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

Event: An exhibition of fireworks on July 4, 2023 from a barge

located in Calibogue Sound off of Harbour Town.

Organization: Harbour Town Merchants Association provides complimentary attractions and events in Harbour Town for visitors and the surrounding community to generate a quality, family-friendly atmosphere.

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

Funds will be used to help with the costs of the event, including, but not limited to, fireworks, barge, buses, rental restroom facilities, security for parking lots, etc., and promotion of the event.

Source and amount of other funds in 2022:

Harbour Town Merchants Association -- \$9,500; CSA -- \$6,500; Sea Pines Resort -- \$12,555; South Beach (owner) -- \$3,500; and, Sponsorship -- \$12,750.

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)

Partial funding would impact the enjoyment of this annual event. Atax funds have been an integral part of the success of the Harbour Town 4th of July Fireworks display. Visitors would be very disappointed if we did not celebrate Independence Day with our annual fireworks display.

4. What is expected economic impact and benefit to the Island's tourism?

(100 words or less)

Economic/Benefit Impact: Enhances the visitors' experience which results in repeat business that supports lodging, dining and entertainment on Hilton Head Island. We are one of two locations on Hilton Head Island that offers an annual 4th of July Fireworks display.

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>	0 %
2 - Tourism-Related Events <i>Promotion of the arts and cultural events.</i>	68 %
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>	9 %
5 - Tourist Public Transportation <i>Tourist shuttle transportation.</i>	23 %
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 %
<b>Total:</b>	<b>100 %</b>

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) Due to limited parking spaces in Harbour Town, we charter buses (13 buses in 2022) to take the visitors to Harbour Town and also return them to their vehicles parked in various lots throughout the resort. We also contract for additional restroom rental facilities and labor in the Harbour Town area.

(b) We are one of a few locations on Hilton Head Island that offers an annual 4th of July Fireworks display. Harbour Town Merchants, CSA and Sea Pines Resort collaborate in the planning and execution of the event.

(c) We also work with Beaufort County Sheriff's office, Hilton Head Island Fire and Rescue and the Hilton Head Island Barbershoppers to host this event.

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

### **C. FUNDING:**

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

The organization is funded by membership dues.

The event is funded by:

Harbour Town Merchants Association (applying organization) --  
\$15,000

CSA -- \$7,000
Sea Pines Resort -- \$18,399
South Beach (owner) -- \$3,500

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

_____	_____
Government Sources	Private Contributions, Donations and Grants
_____	_____
Corporate Support, Sponsors	100 Membership, Dues, Subscriptions
_____	_____
Ticket Sales, or Sales and Services	Other
_____	_____

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

Yes \_\_\_\_\_ No  X

If so, please list top 3 sources and amounts.

**D. FINANCIAL INFORMATION:**

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Fiscal Year Disclosure: Start Month: January 2021 & 2022 End Month: December 2021 & 2022

**Financial Statement Requirements:**

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

Budget Years Provided:

2022  
2022

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

Profit and Loss Years Provided:

2020

2022

2021

3. The previous two years and current year **balance sheets**.

Balance Sheet Years Provided:

2020

2021

2022

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

IRS Form 990 or 990T Years Provided:

2019

2020

2021

## E. FINANCIAL GUARANTEES AND PROCEDURES:

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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 follows Town procurement guidelines or has its own procurement guidelines which are utilized and followed in the expenditure of ATAX grant funds.

Follow Town procurement guidelines

Utilize and follow organization's own procurement guidelines



- Our organization does not have or follow procurement guidelines

## F. MEASURING EFFECTIVENESS:

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If you received 2021 or 2022 HHI ATAX funds

1. List any ATAX award amounts received in 2021 and/or 2022.

2019	\$21,000.00	Harbour Town 4th of July Fireworks
2022	\$23,000.00	Harbour Town 4th of July Fireworks

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)*

2020 & 2021 -- No Atax funds were received as the event was cancelled due to COVID.

Per attached budget, as all expenditures are itemized.  
Objective was achieved by hosting a successful event.

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

We estimate 7,000+ people to be in attendance (including residents, resort guests and visitors) based on previous year's daily passes sold on July 4 by CSA Security after 4:00 p.m., bus and trolley ridership, number of vehicles parked in remote lots and in Harbour Town, visual inspection of the crowd and resort occupancy.

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

Overall activity: The effectiveness of the Harbour Town 4th of July fireworks event is measured by the experience.

Individual programs: Harbour Town Merchants Association supports local non-profit organizations throughout the year in the Harbour Town area: Hilton Head Humane Association, Hilton Head Heroes, Deep Well, U.S. Coast Guard Auxiliary, Boys & Girls Club.

Signature: Rob Bender

Title/Position: President

Mailing Address: 32 Greenwood Drive, Hilton Head Island, SC 29928

Email Address: rbender@seapines.com

Office Phone Number: 843-842-1951

Home Phone Number: 843-816-5519



Minutes of the Harbour Town Merchants Association Meeting

August 3, 2022

Mr. Bender called the meeting to order at 8:30 a.m.

Mr. Bender gave an update on the employee shuttle and valet parking for the Harbour Town area.

Mr. Bender noted the ATAX application for the 4<sup>th</sup> of July fireworks application event will be submitted to the Town of Hilton Head Island. A resolution was made to support the 4<sup>th</sup> of July fireworks event again in 2023 (attached).

Mr. Bender reviewed upcoming activities planned through the end of the year in the Harbour Town area.

Mr. Bender provided an update on the oyster reef project, social media postings and merchants' sales figures.

There was a question and answer period.

The meeting concluded at 10:00 a.m.

  
\_\_\_\_\_  
Robert R. Bender, President



**Harbour Town Merchants Association**

**RESOLUTION**

RESOLVED, that the Harbour Town Merchants Association approves the Harbour Town 4<sup>th</sup> of July Fireworks display for 2023 and commits the organization to financial responsibility for carrying it out to the stage of completion, should funding be approved by the Town of Hilton Head Island Accommodations Tax Advisory Committee.

**CERTIFICATE OF CHAIRMAN**

The undersigned, being the President of Harbour Town Merchants Association, hereby certifies that the foregoing is a true and exact copy of a resolution duly adopted at a meeting on August 3, 2022.

Date: 8.3.2022



Robert R. Bender, President

**Harbour Town Merchants Association**  
**Profit & Loss Budget Overview**  
 January through December 2022

	<u>Jan 22</u>	<u>Feb 22</u>	<u>Mar 22</u>	<u>Apr 22</u>	<u>May 22</u>	<u>Jun 22</u>	<u>Jul 22</u>	<u>Aug 22</u>	<u>Sep 22</u>	<u>Oct 22</u>	<u>Nov 22</u>	<u>Dec 22</u>	<b>TOTAL</b> Jan - De...
<b>Ordinary Income/Expense</b>													
<b>Income</b>													
Association dues	1,785.00	1,785.00	1,870.00	1,955.00	1,955.00	1,955.00	1,955.00	1,955.00	1,955.00	1,955.00	1,955.00	1,955.00	23,035.00
Marketing Income	3,612.00	3,612.00	3,784.00	3,956.00	3,956.00	3,956.00	3,956.00	3,956.00	3,956.00	3,956.00	3,956.00	3,956.00	46,612.00
<b>Total Income</b>	<u>5,397.00</u>	<u>5,397.00</u>	<u>5,654.00</u>	<u>5,911.00</u>	<u>5,911.00</u>	<u>5,911.00</u>	<u>5,911.00</u>	<u>5,911.00</u>	<u>5,911.00</u>	<u>5,911.00</u>	<u>5,911.00</u>	<u>5,911.00</u>	<u>69,647.00</u>
<b>Gross Profit</b>	5,397.00	5,397.00	5,654.00	5,911.00	5,911.00	5,911.00	5,911.00	5,911.00	5,911.00	5,911.00	5,911.00	5,911.00	69,647.00
<b>Expense</b>													
<b>Activities/Events</b>													
4th of July Activities							1,500.00						1,500.00
Christmas Decorations												7,000.00	7,000.00
Dog Event										1,500.00			1,500.00
Easter Egg Hunt				900.00									900.00
Fall Event									4,000.00				4,000.00
Fireworks							6,000.00						6,000.00
Fireworks Parking Labor							3,500.00						3,500.00
Gregg Russell Contract	1,570.89	1,570.89	1,570.89	1,570.89	1,570.89	1,570.89	1,570.89	1,570.89	1,570.89	1,570.89	1,570.89	1,570.89	18,850.68
Halloween										1,500.00			1,500.00
Spring Event			4,000.00										4,000.00
Sunday Entertainment						2,166.50	2,167.00	2,166.50					6,500.00
<b>Total Activities/Events</b>	<u>1,570.89</u>	<u>1,570.89</u>	<u>5,570.89</u>	<u>2,470.89</u>	<u>1,570.89</u>	<u>3,737.39</u>	<u>14,737.89</u>	<u>3,737.39</u>	<u>5,570.89</u>	<u>4,570.89</u>	<u>1,570.89</u>	<u>8,570.89</u>	<u>55,250.68</u>
<b>Insurance</b>										1,150.00			1,150.00
<b>Marketing</b>													
Harbour Town Visitors Guide						1,200.00							1,200.00
Marketing Design Work			448.00					448.00					896.00
Misc Marketing			450.00					450.00					900.00
Mkt Brochure Distribution	2,200.00												2,200.00
Print - Island Events		5,300.00											5,300.00
Print Advertising for Events			500.00						500.00				1,000.00
Social Media				375.00					375.00				750.00
Sponsorship									1,000.00				1,000.00
<b>Total Marketing</b>	<u>2,200.00</u>	<u>5,300.00</u>	<u>1,398.00</u>	<u>375.00</u>		<u>1,200.00</u>		<u>898.00</u>	<u>1,875.00</u>				<u>13,246.00</u>
<b>Total Expense</b>	<u>3,770.89</u>	<u>6,870.89</u>	<u>6,968.89</u>	<u>2,845.89</u>	<u>1,570.89</u>	<u>4,937.39</u>	<u>14,737.89</u>	<u>4,635.39</u>	<u>7,445.89</u>	<u>5,720.89</u>	<u>1,570.89</u>	<u>8,570.89</u>	<u>69,646.68</u>
<b>Net Ordinary Income</b>	<u>1,626.11</u>	<u>-1,473.89</u>	<u>-1,314.89</u>	<u>3,065.11</u>	<u>4,340.11</u>	<u>973.61</u>	<u>-8,826.89</u>	<u>1,275.61</u>	<u>-1,534.89</u>	<u>190.11</u>	<u>4,340.11</u>	<u>-2,659.89</u>	<u>0.32</u>
<b>Net Income</b>	<u>1,626.11</u>	<u>-1,473.89</u>	<u>-1,314.89</u>	<u>3,065.11</u>	<u>4,340.11</u>	<u>973.61</u>	<u>-8,826.89</u>	<u>1,275.61</u>	<u>-1,534.89</u>	<u>190.11</u>	<u>4,340.11</u>	<u>-2,659.89</u>	<u>0.32</u>

## 4<sup>th</sup> of July Fireworks

### 2022 Actual Income

ATAX	\$23,000
CSA	6,500
South Beach	3,500
HT Merchants	6,000
Labor – HT Merchants	3,500
Sea Pines Resort	12,555
Beverage Supplier	
Sponsorship	<u>12,750</u>
<b>Total</b>	<b><u>\$67,805</u></b>

### 2023 Budget

ATAX	\$29,000
CSA	7,000
South Beach	3,500
HT Merchants	15,000
Sea Pines Resort	<u>18,399</u>
<b>Total</b>	<b><u>\$72,899</u></b>

### Expenses

#### Costs 2022

<u>Costs 2022</u>		<u>2023 Budget</u>
\$ 1,723	Extra labor for trash and recycling	\$ 2,000
599	Parking lot attendants	599
16,200	Buses	17,000
3,573	Restroom rental	3,800
34,895	Fireworks & Barge	38,000
1,600	Labor for bus transportation after show	1,600
2,640	Security for parking lots	3,000
2,318	Activities	2,500
868	Lights	950
2,500	DJ	2,500
<u>889</u>	Beaufort County Sheriff's Office	<u>950</u>
<b><u>\$67,805</u></b>		<b><u>\$72,899</u></b>

**Note: Event was not held in 2020 or 2021 due to COVID.**

**Harbour Town Merchants Association**  
**Balance Sheet**  
As of August 30, 2022

	<b>Aug 30, 22</b>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
Truist-checking account	126,592.78
<b>Total Checking/Savings</b>	126,592.78
<b>Accounts Receivable</b>	
Accounts Receivable	-1,285.00
<b>Total Accounts Receivable</b>	-1,285.00
<b>Total Current Assets</b>	125,307.78
<b>TOTAL ASSETS</b>	<b>125,307.78</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
Accounts Payable	-0.09
<b>Total Accounts Payable</b>	-0.09
<b>Other Current Liabilities</b>	
Due to Sea Pines	-18,900.00
<b>Total Other Current Liabilities</b>	-18,900.00
<b>Total Current Liabilities</b>	-18,900.09
<b>Total Liabilities</b>	-18,900.09
<b>Equity</b>	
<b>Retained Earnings</b>	139,326.60
<b>Net Income</b>	4,881.27
<b>Total Equity</b>	144,207.87
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>125,307.78</b>

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Basis

Harbour Town Merchants Association  
Balance Sheet  
As of August 17, 2021

	<u>Aug 17, 21</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
Wells Fargo-checking account	115,915.34
<b>Total Checking/Savings</b>	<u>115,915.34</u>
<b>Accounts Receivable</b>	
Accounts Receivable	-343.00
<b>Total Accounts Receivable</b>	<u>-343.00</u>
<b>Total Current Assets</b>	<u>115,572.34</u>
<b>TOTAL ASSETS</b>	<u><b>115,572.34</b></u>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
Accounts Payable	-0.09
<b>Total Accounts Payable</b>	<u>-0.09</u>
<b>Other Current Liabilities</b>	
Due to Sea Pines	-18,900.00
<b>Total Other Current Liabilities</b>	<u>-18,900.00</u>
<b>Total Current Liabilities</b>	<u>-18,900.09</u>
<b>Total Liabilities</b>	-18,900.09
<b>Equity</b>	
Retained Earnings	114,891.14
Net Income	19,581.29
<b>Total Equity</b>	<u>134,472.43</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><b>115,572.34</b></u>



**Harbour Town Merchants Association**  
**Balance Sheet**  
 As of December 31, 2020

	<u>Dec 31, 20</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
Wells Fargo-checking account	105,303.83
<b>Total Checking/Savings</b>	<u>105,303.83</u>
<b>Accounts Receivable</b>	
Accounts Receivable	-1,171.00
<b>Total Accounts Receivable</b>	<u>-1,171.00</u>
<b>Total Current Assets</b>	<u>104,132.83</u>
<b>TOTAL ASSETS</b>	<b><u>104,132.83</u></b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
Accounts Payable	8,141.69
<b>Total Accounts Payable</b>	<u>8,141.69</u>
<b>Other Current Liabilities</b>	
Due to Sea Pines	-18,900.00
<b>Total Other Current Liabilities</b>	<u>-18,900.00</u>
<b>Total Current Liabilities</b>	<u>-10,758.31</u>
<b>Total Liabilities</b>	-10,758.31
<b>Equity</b>	
<b>Retained Earnings</b>	106,035.07
<b>Net Income</b>	<u>8,856.07</u>
<b>Total Equity</b>	<u>114,891.14</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b><u>104,132.83</u></b>

**Harbour Town Merchants Association**  
**Profit & Loss**  
 January 1 through August 30, 2022

	<b>Jan 1 - ...</b>
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
Association dues	44,461.00
<b>Total Income</b>	44,461.00
<b>Gross Profit</b>	44,461.00
<b>Expense</b>	
<b>Activities/Events</b>	
4th of July Activities	2,506.57
Christmas Decorations	7,000.00
Easter Egg Hunt	900.00
Fall Event	1,250.00
Fireworks	1,705.89
Fireworks Parking Labor	599.00
Gregg Russell Contract	14,138.01
Spring Event	2,208.00
<b>Total Activities/Events</b>	30,307.47
<b>Marketing</b>	
Marketing-Additional Print	155.00
Marketing Design Work	1,300.00
Misc Marketing	401.70
Mkt Brochure Distribution	2,160.00
Print - Island Events	5,202.00
Social Media	35.56
<b>Total Marketing</b>	9,254.26
<b>Total Expense</b>	39,561.73
<b>Net Ordinary Income</b>	4,899.27
<b>Other Income/Expense</b>	
<b>Other Expense</b>	
Bank Service Charges	18.00
<b>Total Other Expense</b>	18.00
<b>Net Other Income</b>	-18.00
<b>Net Income</b>	4,881.27

**Harbour Town Merchants Association**  
**Profit & Loss**  
 January 1 through August 17, 2021

	<u>Jan 1 - A...</u>
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
Association dues	8,030.00
<b>Marketing Income</b>	
Additional Marketing Income	31,548.00
<b>Total Marketing Income</b>	<u>31,548.00</u>
<b>Total Income</b>	<u>39,578.00</u>
<b>Gross Profit</b>	39,578.00
<b>Expense</b>	
<b>Activities/Events</b>	
Gregg Russell Contract	10,996.23
<b>Total Activities/Events</b>	<u>10,996.23</u>
<b>Marketing</b>	
Mkt Brochure Distribution	2,160.00
Print - Island Events	5,202.00
Social Media	394.38
<b>Total Marketing</b>	<u>7,756.38</u>
<b>Miscellaneous</b>	<u>1,250.00</u>
<b>Total Expense</b>	<u>20,002.61</u>
<b>Net Ordinary Income</b>	19,575.39
<b>Other Income/Expense</b>	
<b>Other Income</b>	
Interest Income	5.90
<b>Total Other Income</b>	<u>5.90</u>
<b>Net Other Income</b>	<u>5.90</u>
<b>Net Income</b>	<u><u>19,581.29</u></u>

**Harbour Town Merchants Association**  
**Profit & Loss**  
 January through December 2020

	<u>Jan - De...</u>
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
Association dues	2,085.00
<b>Marketing Income</b>	
Additional Marketing Income	41,325.00
Marketing Income - Other	-1,171.00
<b>Total Marketing Income</b>	<u>40,154.00</u>
<b>Total Income</b>	<u>42,239.00</u>
<b>Gross Profit</b>	42,239.00
<b>Expense</b>	
<b>Activities/Events</b>	
Christmas Decorations	5,000.00
Easter Egg Hunt	390.00
Gregg Russell Contract	18,850.68
Halloween	454.43
Spring Event	1,275.00
<b>Total Activities/Events</b>	<u>25,970.11</u>
<b>Marketing</b>	
Harbour Town Visitors Guide	843.16
Marketing Design Work	518.75
Mkt Brochure Distribution	2,160.00
Print - Island Events	3,901.50
<b>Total Marketing</b>	<u>7,423.41</u>
Reconciliation Discrepancies	-0.50
<b>Total Expense</b>	<u>33,393.02</u>
<b>Net Ordinary Income</b>	8,845.98
<b>Other Income/Expense</b>	
<b>Other Income</b>	
Interest Income	10.09
<b>Total Other Income</b>	<u>10.09</u>
<b>Net Other Income</b>	<u>10.09</u>
<b>Net Income</b>	<u>8,856.07</u>

**Return of Organization Exempt From Income Tax**

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

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2021 calendar year, or tax year beginning 01/01/2021 and ending 12/31/2021

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HARBOUR TOWN MERCHANTS ASSOCIATION</b>		<b>D</b> Employer identification number 27-3157127
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>32 Greenwood Drive</b>		<b>E</b> Telephone number 843-842-1824
	City or town, state or province, country, and ZIP or foreign postal code <b>Hilton Head Island, SC 29928</b>		<b>F</b> Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ \_\_\_\_\_ **H** Check  if the organization is not required to attach Schedule B (Form 990).

**J** Tax-exempt status (check only one) –  501(c)(3)  501(c) ( 6 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other Limited Liability Company

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 62,195

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I . . . . .

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .																0											
	2	Program service revenue including government fees and contracts . . . . .																0											
	3	Membership dues and assessments . . . . .																62,195											
	4	Investment income . . . . .																0											
	5a	Gross amount from sale of assets other than inventory . . . . .																0											
	b	Less: cost or other basis and sales expenses . . . . .																0											
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .																0											
	6	Gaming and fundraising events:																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .																0											
	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .																0											
c	Less: direct expenses from gaming and fundraising events . . . . .																0												
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .																0												
7a	Gross sales of inventory, less returns and allowances . . . . .																0												
b	Less: cost of goods sold . . . . .																0												
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .																0												
8	Other revenue (describe in Schedule O) . . . . .																0												
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶																62,195												
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .																0											
	11	Benefits paid to or for members . . . . .																0											
	12	Salaries, other compensation, and employee benefits . . . . .																0											
	13	Professional fees and other payments to independent contractors . . . . .																27,653											
	14	Occupancy, rent, utilities, and maintenance . . . . .																0											
	15	Printing, publications, postage, and shipping . . . . .																10,106											
	16	Other expenses (describe in Schedule O) . . . . .																0											
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶																37,759												
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .																24,436											
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .																114,891											
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .																0											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶																139,327											

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	105,304	22 121,455
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O) See Schedule O, Statement 1	17,729	24 17,872
25 Total assets	123,033	25 139,327
26 Total liabilities (describe in Schedule O) See Schedule O, Statement 2	8,142	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	114,891	27 139,327

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O, Statement 3

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Promotion of Harbour Town through local print media and on the internet. Member businesses continue to see improved foot traffic and sales even with increased competition from new and revitalized commerce in (Continued on Schedule O, Statement 4) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	10,106
29 Provide free attractions and events in Harbour Town for visitors and the surrounding community. Daily activities for kids and nightly musical entertainment for families has provided a safe, family friendly location (Continued on Schedule O, Statement 5) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	27,653
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32 Total program service expenses (add lines 28a through 31a)	32	37,759

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Rob Bender Pres./Secretary/Treas./Dir	10.00	0	0	0
Matthew Roher Vice President	2.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . .		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		✓
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
35b			
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		✓
35c			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0		
b	Did the organization file Form 1120-POL for this year? . . . . .		✓
37b			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		✓
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . .		
38b			
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . .		
39a			
b	Gross receipts, included on line 9, for public use of club facilities . . . . .		
39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		
40b			
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		✓
40e			
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ <u>Rob Bender</u> Telephone no. ▶ <u>843-842-1824</u> Located at ▶ <u>32 Greenwood Drive, Hilton Head Island, SC 29928-4510</u> ZIP + 4 ▶ <u>29928-4510</u>		
b	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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
42b			✓
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶		✓
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
44a			
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
44b			
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		✓
44c			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . .		✓
45b			

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	Yes	No
			<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47	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 . . . . .	Yes	No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		
b	If "Yes," was the related organization a section 527 organization? . . . . .		
49b			

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 . . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 . . . . . ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  Yes  No

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.

<b>Sign Here</b>		<u>3/31/2022</u>
	Signature of officer	Date
	<b>Rob Bender, President</b>	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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



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

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

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

HARBOUR TOWN MERCHANTS ASSOCIATION

27-3157127

Other Assets Structured Explanation

Description	EOY Amount
Accounts Receivable	17,872
<b>Total:</b>	<b>17,872</b>

**Other Liabilities Structured Explanation**

Description	EOY Amount
Accounts Payable	0
<b>Total:</b>	<b>0</b>

**Primary Exempt Purpose**

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**Primary Exempt Purpose**

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To promote and provide an environment for member businesses to thrive and be an important and integral part of the community

**First Program Service Accomplishments Description**

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**Description**

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the local area. On average members' sales were up 110.3% from last year. In addition, there were no vacant retail space in Harbour Town as all space is occupied.

**Second Program Service Accomplishments Description**

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**Description**

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for visitors and the surrounding community to enjoy. This in turn has not only continued to provide positive results as stated in Statement One above, but has also helped the organization meet it's primary purpose in generating a quality, family friendly atmosphere for member businesses to interact and thrive.

## Short Form Return of Organization Exempt From Income Tax

# 2020

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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

<b>A</b> For the 2020 calendar year, or tax year beginning		and ending	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Harbour Town Merchants Association, Inc.</b>		<b>D</b> Employer identification number <b>27-3157127</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>32 Greenwood Dr.</b>		<b>E</b> Telephone number <b>(843) 842-1824</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Hilton Head Island, SC 29928-4510</b>		<b>F</b> Group Exemption Number ▶ <b>N/A</b>
	<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____		<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<b>I</b> Website: ▶ <b>N/A</b>			
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other <b>Limited Liability Company</b>			
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ <b>42,249.</b>			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)			
Check if the organization used Schedule O to respond to any question in this Part I <input type="checkbox"/>			
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>42,249.</b>
	<b>4</b> Investment income	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>		
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>42,249.</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	<b>25,970.</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>7,423.</b>
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	
	<b>17</b> Total expenses. Add lines 10 through 16	<b>17</b>	<b>33,393.</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9)	<b>18</b>	<b>8,856.</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>106,035.</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	<b>0.</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>114,891.</b>





Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule D. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the United States?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?
If "Yes," complete Schedule C, Part I
46 Yes No X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?
48 Is the organization a school as described in section 170(b)(1)(A)(ii)?
49a Did the organization make any transfers to an exempt non-charitable related organization?
49b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1 contains 'N/A'.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows are empty.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Yes No

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 Cary C. Corbett, President/Secretary/Treasurer
Signature of officer: Cary C. Corbett
Date: 4/23/21

Paid Preparer Use Only section with fields for Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

ay the IRS discuss this return with the preparer shown above? See instructions. Yes No

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

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Harbour Town Merchants Association, Inc.

Employer identification number

27-3157127

**Form 990-EZ, Part II, Line 24, Other Assets:**

Description	Beg. of Year	End of Year
Accounts Receivable	20,699.	17,729.

**Form 990-EZ, Part II, Line 26, Other Liabilities:**

Description	Beg. of Year	End of Year
Accounts Payable	-264.	8,142.

**Form 990-EZ, Part III, Primary Exempt Purpose - To promote and provide an environment for member businesses to thrive and be an important and integral part of the community.**

**Form 990-EZ, Part III, Line 28, Program Service Accomplishments:**

Promotion of Harbour Town through local print media and on the internet. Member businesses continue to see improved foot traffic and sales even with increased competition from new and revitalized commerce in the local area. On average members' sales were down approximately 42.5% over the same period last year. In addition, there is no vacant retail space in Harbour Town as all is occupied.

**Form 990-EZ, Part III, Line 29, Program Service Accomplishments:**

Provide free attractions and events in Harbour Town for visitors and the surrounding community. Daily activities for kids and nightly musical entertainment for families has provided a safe, family friendly location for visitors and the

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

Harbour Town Merchants Association, Inc.

Employer identification number

27-3157127

surrounding community to enjoy. This in turn has not only continued to provide positive results as stated in Statement One above, but has also helped the organization meet it's primary purpose in generating a quality, family friendly atmosphere for member businesses to interact and thrive.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

# Short Form Return of Organization Exempt From Income Tax

## 2019

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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2019 calendar year, or tax year beginning		and ending	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Harbour Town Merchants Association, Inc.</b>		<b>D</b> Employer identification number <b>27-3157127</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number
	<b>32 Greenwood Dr.</b>		<b>(843) 842-1824</b>
	City or town, state or province, country, and ZIP or foreign postal code		<b>F</b> Group Exemption Number ▶ <b>N/A</b>
	<b>Hilton Head Island, SC 29928-4510</b>		<b>H</b> Check ▶ <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____		<b>I</b> Website: ▶ <b>N/A</b>	
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other <b>Limited Liability Company</b>			
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ <b>77,109.</b>			

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	77,109.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	77,109.	
<b>Expenses</b>	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	53,790.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	16,598.
	16	Other expenses (describe in Schedule O)	16	
	17	<b>Total expenses.</b> Add lines 10 through 16	17	70,388.
<b>Net Assets</b>	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	6,721.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	99,314.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	106,035.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2019)



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

3 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9 39a N/A
39b Gross receipts, included on line 9, for public use of club facilities 39b N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
section 4911 N/A; section 4912 N/A; section 4955 N/A
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b N/A
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization N/A
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e X
41 List the states with which a copy of this return is filed None
42a The organization's books are in care of Cary Corbitt Telephone no. (843) 842-1824
Located at 32 Greenwood Drive, Hilton Head Island, SC ZIP + 4 29928-4510
42b 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)? 42b X
42c If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X
44c Did the organization receive any payments for indoor tanning services during the year? 44c X
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1 contains 'N/A'.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows are empty.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

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 Cary C Corbett, Date 5/21/2020, Type or print name and title Cary C. Corbett, President/Secretary/Treasurer

Table for Preparer information: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

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



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

Harbour Town Merchants Association, Inc.

Employer identification number  
27-3157127

Form 990-EZ, Part II, Line 24, Other Assets:

<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
<u>Accounts Receivable</u>	<u>20,442.</u>	<u>20,699.</u>

Form 990-EZ, Part II, Line 26, Other Liabilities:

<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
<u>Accounts Payable</u>	<u>7,571.</u>	<u>-264.</u>

Form 990-EZ, Part III, Primary Exempt Purpose - To promote and provide an environment for member businesses to thrive and be an important and integral part of the community.

Form 990-EZ, Part III, Line 28, Program Service Accomplishments:

Promotion of Harbour Town through local print media and on the internet. Member businesses continue to see improved foot traffic and sales even with increased competition from new and revitalized commerce in the local area. On average members' sales were down approximately 24.2% over the same period last year. In addition, there is no vacant retail space in Harbour Town as all is occupied.

Form 990-EZ, Part III, Line 29, Program Service Accomplishments:

Provide free attractions and events in Harbour Town for visitors and the surrounding community. Daily activities for kids and nightly musical entertainment for families has provided a safe, family friendly location for visitors and the

Name of the organization <b>Harbour Town Merchants Association, Inc.</b>	Employer identification number <b>27-3157127</b>
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surrounding community to enjoy. This in turn has not only continued to provide positive results as stated in Statement One above, but has also helped the organization meet it's primary purpose in generating a quality, family friendly atmosphere for member businesses to interact and thrive.

Form 990-EZ, Part III Line 31, Other Program Service Accomplishments:

N/A

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **JAN 10 2011**

HARBOUR TOWN MERCHANTS ASSOCIATION  
INC  
32 GREENWOOD DR  
HILTON HEAD ISLAND, SC 29928-4510

Employer Identification Number:  
27-3157127  
DLN:  
17053340319000  
Contact Person: DEL TRIMBLE ID# 31309  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
August 5, 2010  
Contribution Deductibility:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax-exempt status we have determined that you are exempt from Federal income tax under section 501(c)(6) of the Internal Revenue Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Please see enclosed Publication 4221-NC, Compliance Guide for Tax-Exempt Organizations (Other than 501(c)(3) Public Charities and Private Foundations), for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Robert Choi  
Director, Exempt Organizations  
Rulings and Agreements

Enclosure: Publication 4221-NC

Letter 948 (DO/CG)