

2024

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.

2024 Accommodations Tax Funds Request Application

Date Received: 08/17/2023

Time Received: 11:45 AM

By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 1, 2023

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, 2024

Event Location: Harbour Town

Total Budget: \$76,199.00

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 8,000+ 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 along with various family activities on the south end of Hilton Head Island. The impact is measured through occupancy figures as well as a guest survey.

A. Total Number of Physical Tourists Served: 7,040

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: 320

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: 640

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): 8,000

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. A guest survey was completed during the 2023 event that included acquiring zip code data. Those results were extrapolated to calculate numbers of visitors / tourists in attendance.

B. DESCRIPTION OF OPERATIONS:

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

Event: An exhibition of fireworks on July 4, 2024 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 2023:
Harbour Town Merchants Association -- \$11,822; CSA -- \$6,500;
Sea Pines Resort -- \$5,185; South Beach (owner) -- \$3,500; and, Sponsorship -- \$15,000 (Pledged).

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 and family activities. Partial funding could result in scaling back on activities or reducing the length of the fireworks show.

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 %

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) A goal of the Association is to market and promote the businesses within Harbour Town through various marketing vehicles and by hosting several events. Therefore, there is always a collaborative effort to enhance the tourist experience. As an example, for the July 4th festivities many of the Harbour Town businesses benefit from the increased guest traffic such as boat cruises to watch the fireworks, dining in restaurants, shopping in retail stores, lodging occupancy and boat dockage in the harbour. We also work with other non-profits throughout the year on various events: Boys & Girls Club, Hilton Head Humane Association, Hilton Head Island Barbershoppers, Art League of Hilton Head, U.S. Coast Guard Auxiliary, Turtle Trackers of Hilton Head Island, and Deep Well Project.

We also work with The Sea Pines Resort and Community Services Associates (CSA), who manages the community of Sea Pines, in the planning and execution of the event; plus they make financial contributions to the event. Also, South Beach Marina, located within Sea Pines, makes a financial contribution to the event.

(b) Harbour Town is a very unique destination on Hilton Head Island and a must visit location for visitors and residents. The candy-stripped lighthouse, wide variety of boats to view, numerous water sports and cruises to enjoy, outstanding restaurants, family oriented entertainment and unique/local shops are all a part of what makes Harbour Town so special. As for July 4th, we are one of only two locations on Hilton Head Island that offers a fireworks display.

7. Additional comments. (250 words or less)

C. FUNDING:

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

The organization is funded by membership dues from businesses in Harbour Town.

The 2024 event will be funded by:

Harbour Town Merchants Association (applying organization) -- \$20,000

CSA -- \$6,500
Sea Pines Resort -- \$17,199
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:

Fiscal Year Disclosure: Start Month: **January 2022 & 2023** End Month: **December 2022 & 2023**

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:

2022- Previous FY 1
2021- Previous FY 2

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:

2022 - Previous FY 1

2021 - Previous FY 2

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:

2021 - Previous FY 1

2020 - Previous FY 2

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 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:

If you received 2022 or 2023 HHI ATAX funds

1. List any ATAX award amounts received in 2022 and/or 2023.

2022	\$23,000.00	Harbour Town 4th of July Fireworks
2023	\$29,000.00	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)

Objective was achieved by hosting a successful event with large attendance and positive comments.

Funds were used for July 4th expenses related to fireworks, security, and transportation.

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 8,000+ people to be in attendance (including residents, resort guests and visitors), which benefits the surrounding businesses with increased visitors.

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 visitor experience, guest feedback, repeat visitors and business levels in the area shops and restaurants.

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 creating 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)

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.

Signature: Rob Bender

Title/Position: President

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

Email Address: mlogan@seapines.com

Office Phone Number: 843-842-1951

Home Phone Number:

Fourth of July Survey

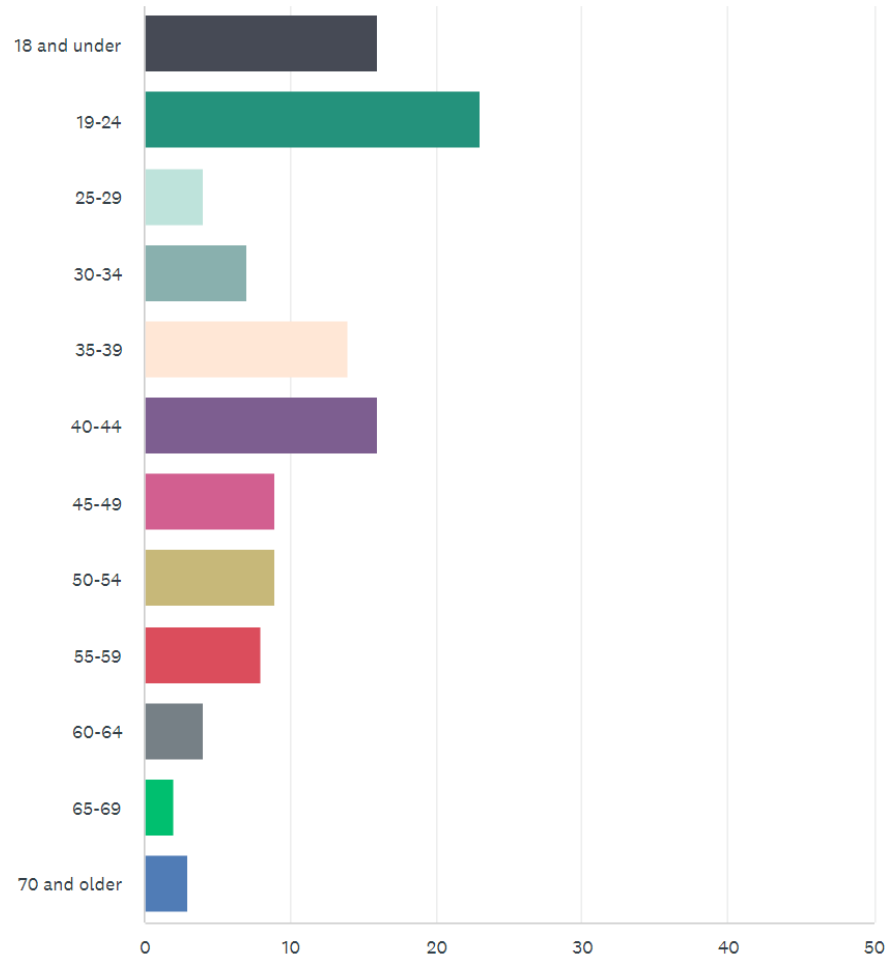
The Sea Pines Resort

https://www.surveymonkey.com/results/SM-yu5SwsWt94Uzjb6JfaTUow_3D_3D/

Q4

Please indicate your age below

Answered: 115 Skipped: 1



ANSWER CHOICES	RESPONSES	
18 and under	13.91%	16
19-24	20.00%	23
25-29	3.48%	4
30-34	6.09%	7
35-39	12.17%	14
40-44	13.91%	16
45-49	7.83%	9
50-54	7.83%	9
55-59	6.96%	8
60-64	3.48%	4
65-69	1.74%	2
70 and older	2.61%	3
TOTAL		115

Q5 What is your Zip code?

Georgia – 25 (22%)

South Carolina – 14 (12%)

Ohio – 14 (12%)

Hilton Head Island, SC – 9 (8%)

Illinois – 8 (7%)

New Jersey – 7 (6%)

North Carolina – 7 (6%)

Bluffton, SC – 5 (4%)

Pennsylvania – 3

Virginia – 3

Michigan – 3

Missouri – 3

Florida – 2

Mississippi – 2

Colorado – 2

Massachusetts – 2

Texas – 1

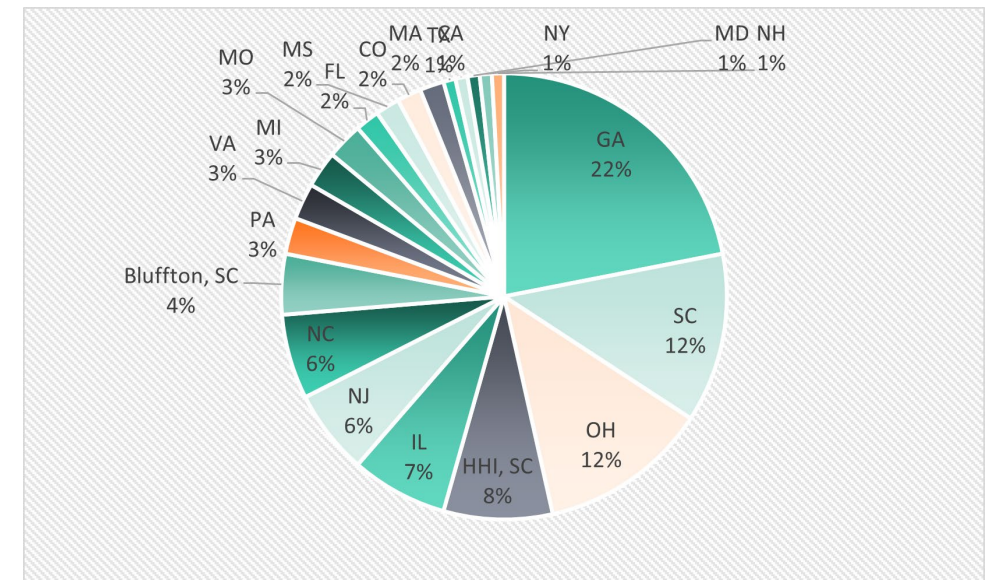
California – 1

Maryland – 1

New York – 1

New Hampshire – 1

***88% were not locals**

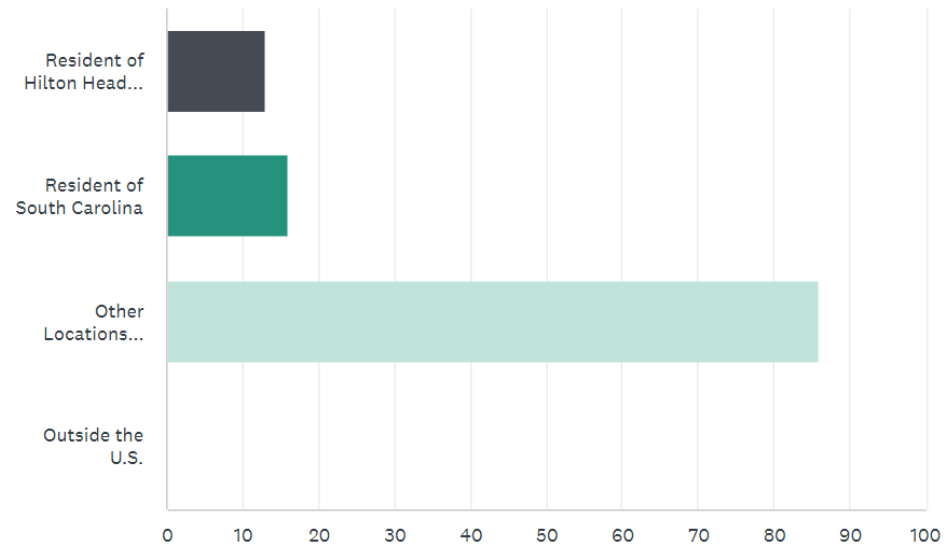


Q6



Where is your primary residence?

Answered: 115 Skipped: 1



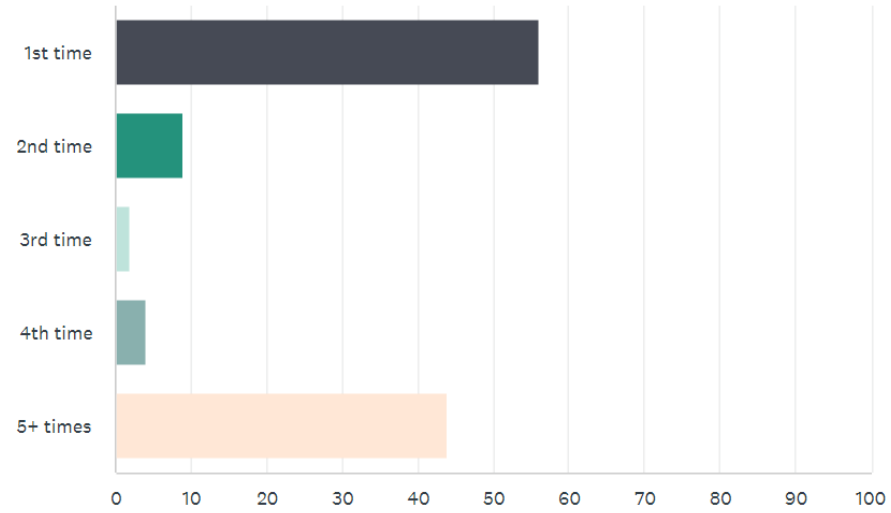
ANSWER CHOICES	RESPONSES	
Resident of Hilton Head Island, Bluffton, Beaufort or Savannah	11.30%	13
Resident of South Carolina	13.91%	16
Other Locations within the U.S.	74.78%	86
Outside the U.S.	0.00%	0
TOTAL		115

Q7



How many times have you attended this event?

Answered: 115 Skipped: 1



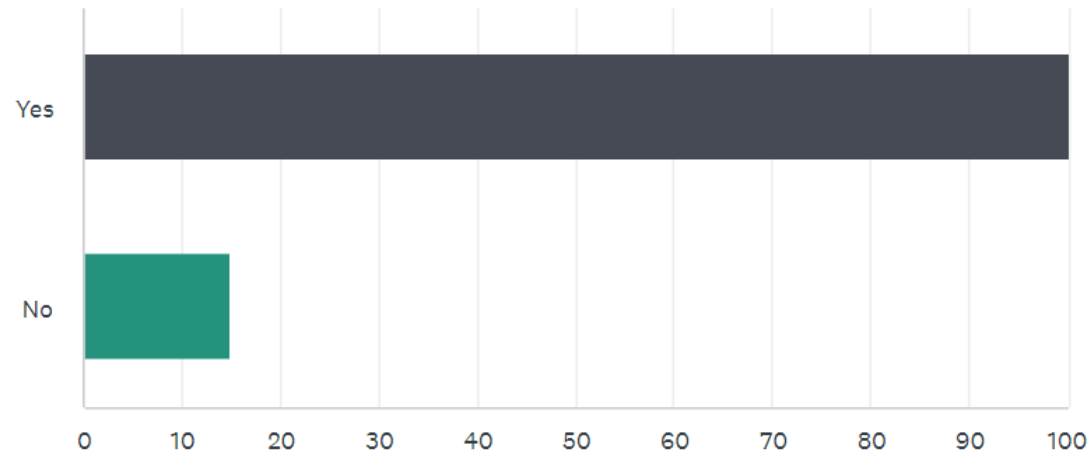
ANSWER CHOICES	RESPONSES	
1st time	48.70%	56
2nd time	7.83%	9
3rd time	1.74%	2
4th time	3.48%	4
5+ times	38.26%	44
TOTAL		115

Q8



Have you visited Hilton Head Island before?

Answered: 115 Skipped: 1



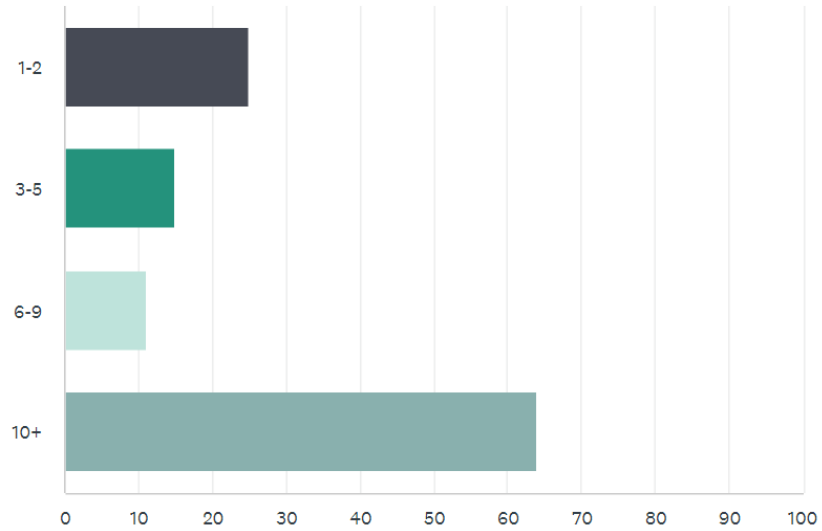
ANSWER CHOICES	RESPONSES	
Yes	86.96%	100
No	13.04%	15
TOTAL		115

Q9



How many trips have you taken to Hilton Head Island?

Answered: 115 Skipped: 1



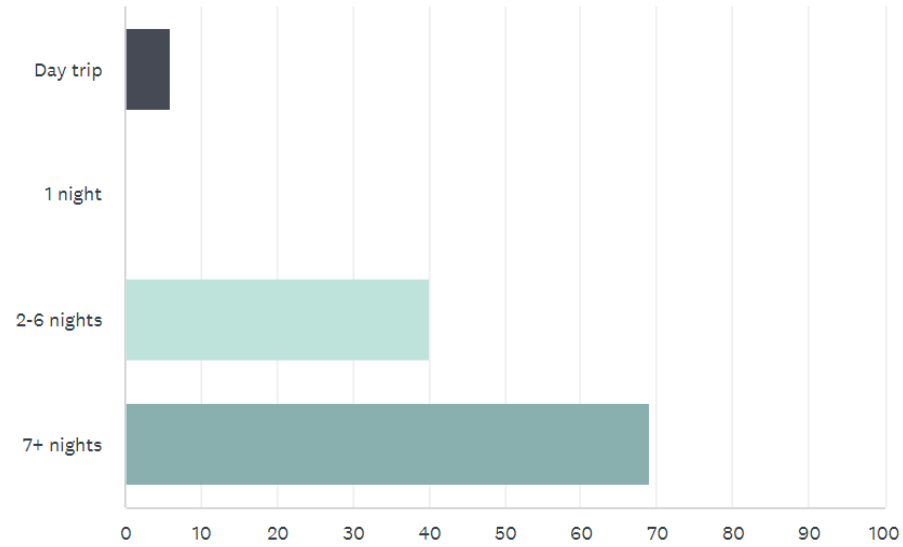
ANSWER CHOICES	RESPONSES
1-2	21.74% 25
3-5	13.04% 15
6-9	9.57% 11
10+	55.65% 64
TOTAL	115

Q10



How long is this visit?

Answered: 115 Skipped: 1



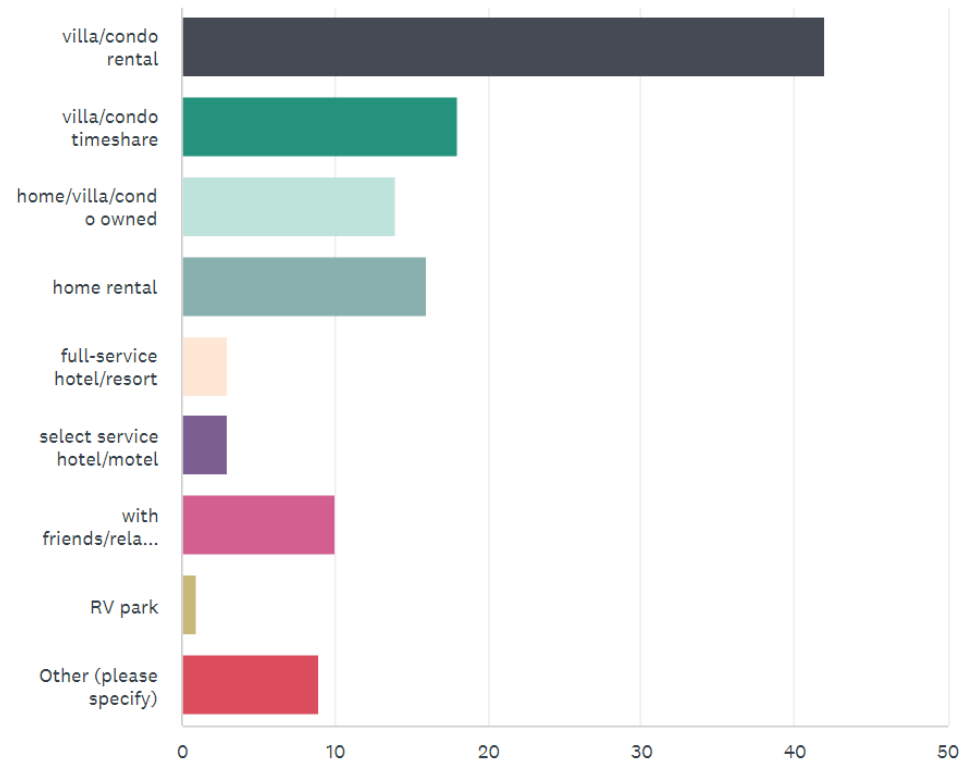
ANSWER CHOICES	RESPONSES	
Day trip	5.22%	6
1 night	0.00%	0
2-6 nights	34.78%	40
7+ nights	60.00%	69
TOTAL		115

Q11



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

Answered: 116 Skipped: 0



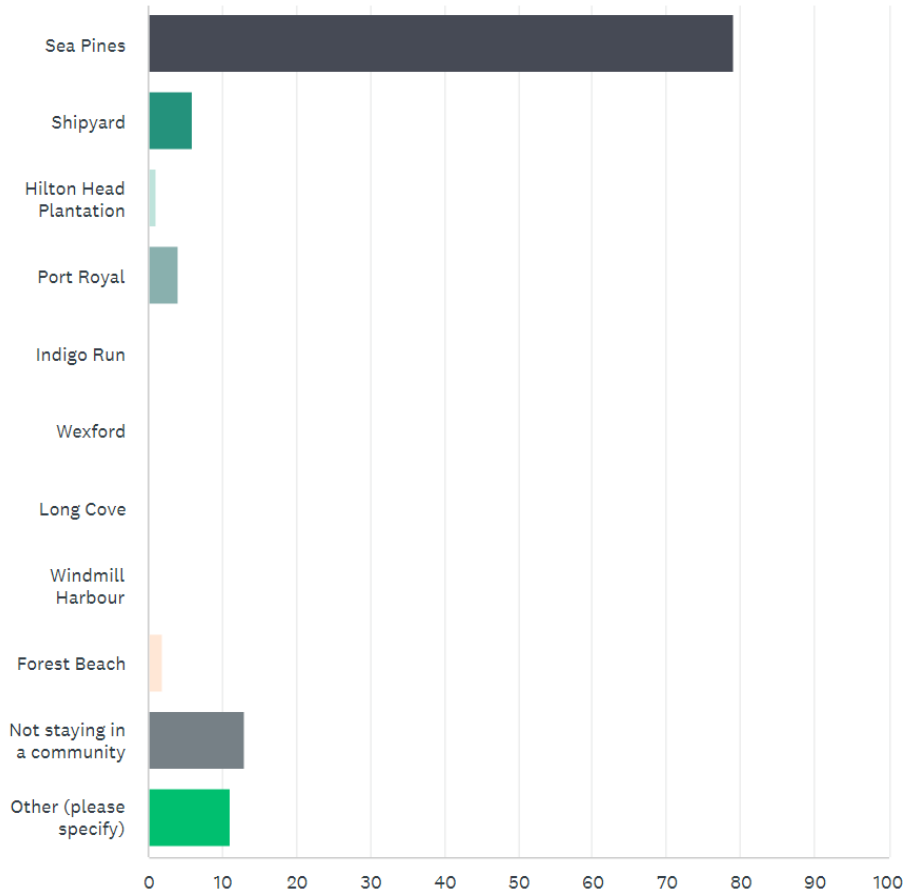
ANSWER CHOICES	RESPONSES	
villa/condo rental	36.21%	42
villa/condo timeshare	15.52%	18
home/villa/condo owned	12.07%	14
home rental	13.79%	16
full-service hotel/resort	2.59%	3
select service hotel/motel	2.59%	3
with friends/relatives	8.62%	10
RV park	0.86%	1
Other (please specify)	7.76%	9
TOTAL		116

Q12



Within which Hilton Head Island community are you staying?

Answered: 116 Skipped: 0



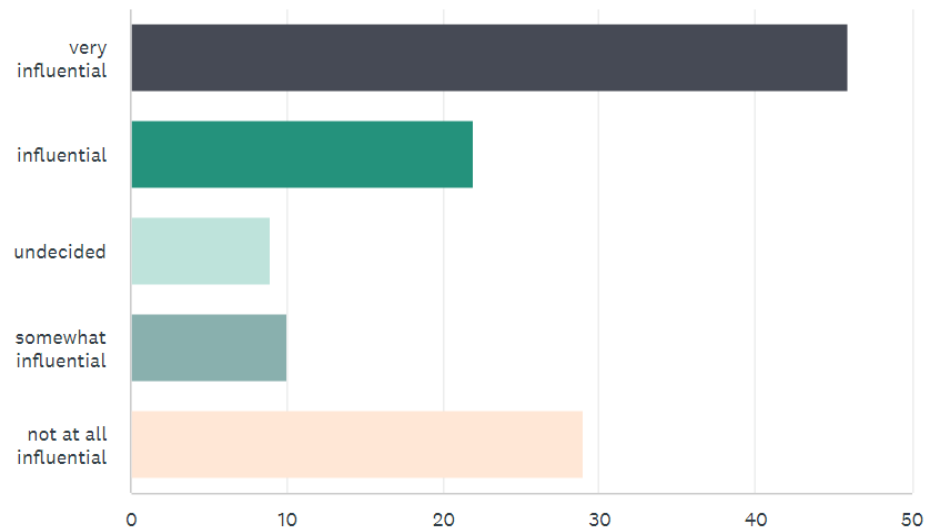
ANSWER CHOICES	RESPONSES	
Sea Pines	68.10%	79
Shipyard	5.17%	6
Hilton Head Plantation	0.86%	1
Port Royal	3.45%	4
Indigo Run	0.00%	0
Wexford	0.00%	0
Long Cove	0.00%	0
Windmill Harbour	0.00%	0
Forest Beach	1.72%	2
Not staying in a community	11.21%	13
Other (please specify)	9.48%	11
TOTAL		116

Q13



How influential was the Harbour Town Fourth of July Fireworks Display when initially planning your trip to Hilton Head Island?

Answered: 116 Skipped: 0



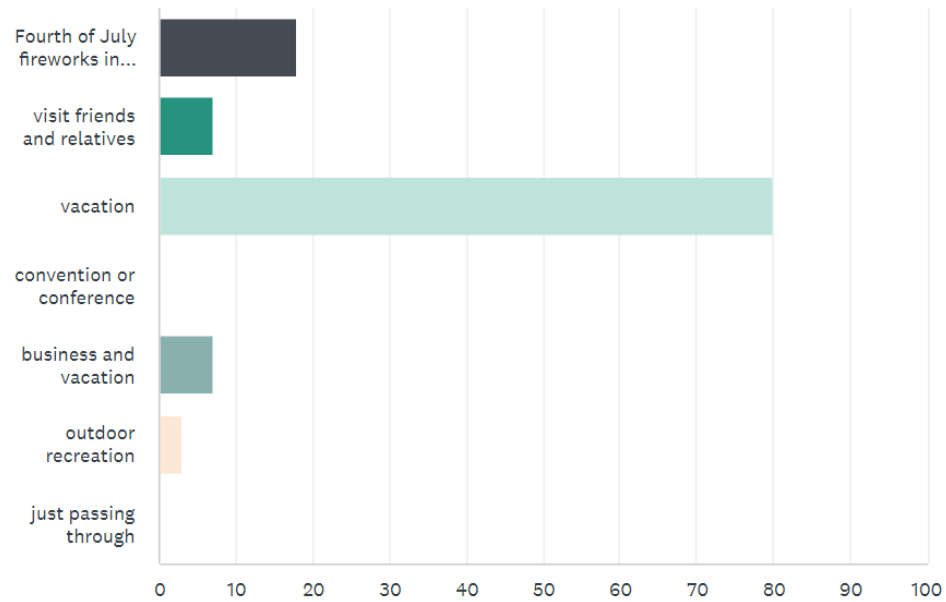
ANSWER CHOICES	RESPONSES
very influential	39.66% 46
influential	18.97% 22
undecided	7.76% 9
somewhat influential	8.62% 10
not at all influential	25.00% 29
TOTAL	116

Q14



What was your primary reason for your visit to Hilton Head Island?

Answered: 115 Skipped: 1



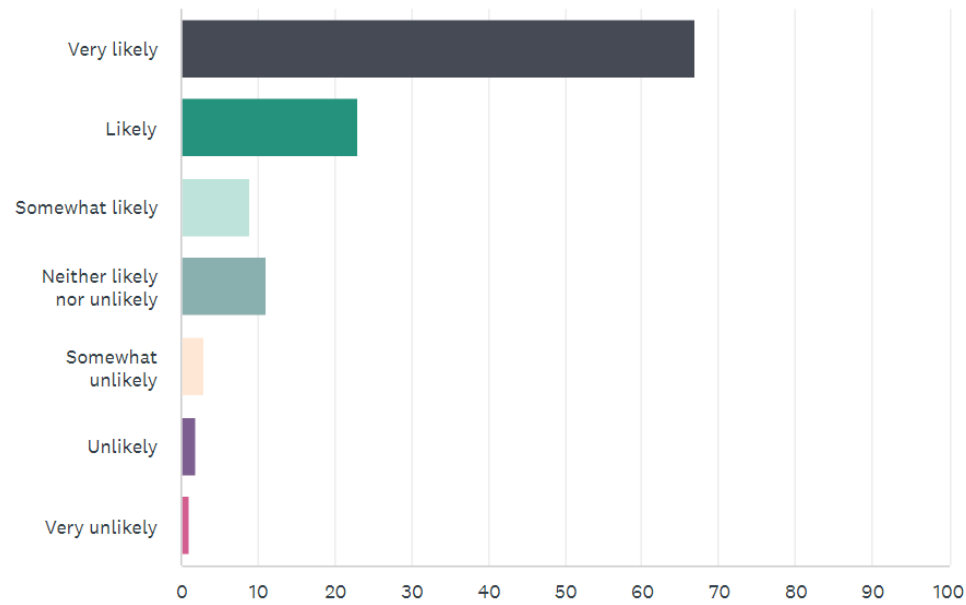
ANSWER CHOICES	RESPONSES	
Fourth of July fireworks in Harbour Town	15.65%	18
visit friends and relatives	6.09%	7
vacation	69.57%	80
convention or conference	0.00%	0
business and vacation	6.09%	7
outdoor recreation	2.61%	3
just passing through	0.00%	0
TOTAL		115

Q15



How likely are you to attend this event next year?

Answered: 116 Skipped: 0



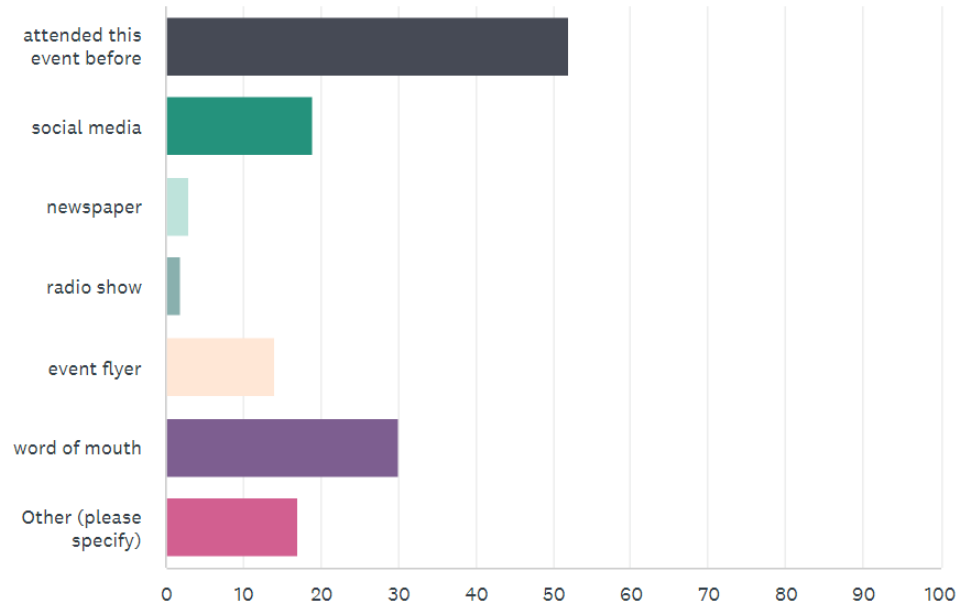
ANSWER CHOICES	RESPONSES	
Very likely	57.76%	67
Likely	19.83%	23
Somewhat likely	7.76%	9
Neither likely nor unlikely	9.48%	11
Somewhat unlikely	2.59%	3
Unlikely	1.72%	2
Very unlikely	0.86%	1
TOTAL		116

Q16



How did you learn about this event?

Answered: 116 Skipped: 0



ANSWER CHOICES	RESPONSES	
attended this event before	44.83%	52
social media	16.38%	19
newspaper	2.59%	3
radio show	1.72%	2
event flyer	12.07%	14
word of mouth	25.86%	30
Other (please specify)	14.66%	17
Total Respondents: 116		

Harbour Town Merchants Association

Profit & Loss

January 1 through August 16, 2023

	<u>Jan 1 - Au...</u>
Ordinary Income/Expense	
Income	
Association dues	45,232.00
Total Income	<u>45,232.00</u>
Gross Profit	45,232.00
Expense	
Activities/Events	
4th of July Activities	11,723.15
Christmas Decorations	5,474.00
Easter Egg Hunt	640.00
Fall Event	1,250.00
Fireworks Parking Labor	599.00
Gregg Russell Contract	10,996.23
Spring Event	2,019.91
Total Activities/Events	<u>32,702.29</u>
Marketing	
Marketing-Additional Print	650.00
Mkt Brochure Distribution	2,160.00
Total Marketing	<u>2,810.00</u>
Total Expense	<u>35,512.29</u>
Net Ordinary Income	9,719.71
Other Income/Expense	
Other Expense	
Bank Service Charges	22.00
Total Other Expense	<u>22.00</u>
Net Other Income	<u>-22.00</u>
Net Income	<u><u>9,697.71</u></u>

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

	<u>Jan 1 - ...</u>
Ordinary Income/Expense	
Income	
Association dues	44,461.00
Total Income	<u>44,461.00</u>
Gross Profit	44,461.00
Expense	
Activities/Events	
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
Total Activities/Events	<u>30,307.47</u>
Marketing	
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
Total Marketing	<u>9,254.26</u>
Total Expense	<u>39,561.73</u>
Net Ordinary Income	4,899.27
Other Income/Expense	
Other Expense	
Bank Service Charges	18.00
Total Other Expense	<u>18.00</u>
Net Other Income	<u>-18.00</u>
Net Income	<u><u>4,881.27</u></u>

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

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

Harbour Town Merchants Association
Balance Sheet
As of August 16, 2023

	<u>Aug 16, 23</u>
ASSETS	
Current Assets	
Checking/Savings	
Truist-checking account	174,500.70
Total Checking/Savings	<u>174,500.70</u>
Accounts Receivable	
Accounts Receivable	2,056.00
Total Accounts Receivable	<u>2,056.00</u>
Total Current Assets	<u>176,556.70</u>
TOTAL ASSETS	<u><u>176,556.70</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	41,793.95
Total Accounts Payable	<u>41,793.95</u>
Other Current Liabilities	
Due to Sea Pines	-18,900.00
Total Other Current Liabilities	<u>-18,900.00</u>
Total Current Liabilities	<u>22,893.95</u>
Total Liabilities	22,893.95
Equity	
Retained Earnings	143,965.04
Net Income	9,697.71
Total Equity	<u>153,662.75</u>
TOTAL LIABILITIES & EQUITY	<u><u>176,556.70</u></u>

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

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

M

Basis

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

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

Return of Organization Exempt From Income Tax

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 01/01/2022 **and ending** 12/31/2022

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	C Name of organization HARBOUR TOWN MERCHANTS ASSOCIATION		D Employer identification number 27-3157127
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number 843-842-1824
	32 Greenwood Drive		F Group Exemption Number
	City or town, state or province, country, and ZIP or foreign postal code Hilton Head Island, SC 29928		

G Accounting Method: Cash Accrual Other (specify): _____

H Check if the organization is not required to attach Schedule B (Form 990).

I Website: _____

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 \$ 67,039

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	0				
2	Program service revenue including government fees and contracts	2	0				
3	Membership dues and assessments	3	67,039				
4	Investment income	4	0				
5a	Gross amount from sale of assets other than inventory	5a	0				
b	Less: cost or other basis and sales expenses	5b	0				
c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	0				
6	Gaming and fundraising events:						
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	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)	6b	0				
c	Less: direct expenses from gaming and fundraising events	6c	0				
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0				
7a	Gross sales of inventory, less returns and allowances	7a	0				
b	Less: cost of goods sold	7b	0				
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	0				
8	Other revenue (describe in Schedule O)	8	0				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	67,039				
10	Grants and similar amounts paid (list in Schedule O)	10	0				
11	Benefits paid to or for members	11	0				
12	Salaries, other compensation, and employee benefits	12	0				
13	Professional fees and other payments to independent contractors	13	51,408				
14	Occupancy, rent, utilities, and maintenance	14	0				
15	Printing, publications, postage, and shipping	15	10,993				
16	Other expenses (describe in Schedule O)	16	0				
17	Total expenses. Add lines 10 through 16	17	62,401				
18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	4,638				
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	139,327				
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0				
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	143,965				

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	121,455	22 134,150
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O) See Schedule O, Statement 1.	17,872	24 18,386
25 Total assets	139,327	25 152,536
26 Total liabilities (describe in Schedule O) See Schedule O, Statement 2.	0	26 8,571
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	139,327	27 143,965

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

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

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.

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	10,993
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	51,407
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32 Total program service expenses (add lines 28a through 31a)	32	62,400

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

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)?
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: Rob Bender Telephone no. 843-842-1824
Located at: 32 Greenwood Drive, Hilton Head Island, SC 29928-4510 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)? 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 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:
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
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

	Yes	No
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	<input type="checkbox"/>	<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

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

Sign Here	Signature of officer Rob Bender, President	Date			
	Type or print name and title				
Paid Preparer Use Only	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)**

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

HARBOUR TOWN MERCHANTS ASSOCIATION

Employer identification number

27-3157127

Area with horizontal dashed lines for supplemental information.

Other Assets Structured Explanation

Description	EOY Amount
Accounts Receivable	18,386
Total:	18,386

Other Liabilities Structured Explanation

Description	EOY Amount
Accounts Payable	8,571
Total:	8,571

Primary Exempt Purpose

Primary Exempt Purpose

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

Description

the local area. On average members' sales were up 98.8% from last year. In addition, there were no vacant retail space in Harbour Town as all space is occupied.

Second Program Service Accomplishments Description

Description

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.

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 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 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	C Name of organization HARBOUR TOWN MERCHANTS ASSOCIATION		D Employer identification number 27-3157127
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 32 Greenwood Drive		E Telephone number 843-842-1824
	City or town, state or province, country, and ZIP or foreign postal code Hilton Head Island, SC 29928		F 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

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

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		
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		✓
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		
b	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?		✓
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		
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		✓
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
			✓
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 ▶		✓
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		<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		✓
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		✓
c	Did the organization receive any payments for indoor tanning services during the year?		✓
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		
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		✓

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

Table with columns Yes, No and row 46 with a checkmark in the No column.

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

Table with columns Yes, No and row 47.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with columns Yes, No and row 48.

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with columns Yes, No and row 49a.

b If "Yes," was the related organization a section 527 organization?

Table with columns Yes, No and row 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."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

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."

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

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 (Rob Bender), Date (3/31/2022), Type or print name and title (Rob Bender, President)

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if 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)

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.

**Open to Public
Inspection**

▶ Go to 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
Total:	17,872

Other Liabilities Structured Explanation

Description	EOY Amount
Accounts Payable	0
Total:	0

Primary Exempt Purpose

Primary Exempt Purpose

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

Description

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

Description

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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2020 calendar year, or tax year beginning		and ending	
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	C Name of organization Harbour Town Merchants Association, Inc.		D Employer identification number 27-3157127
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number (843) 842-1824
	32 Greenwood Dr.		F Group Exemption Number ▶ N/A
	City or town, state or province, country, and ZIP or foreign postal code		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
	Hilton Head Island, SC 29928-4510		
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____			
I Website: ▶ N/A			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> 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 ▶ \$ 42,249.			

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"/>			
Revenue	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	42,249.
	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 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	42,249.	
Expenses	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	25,970.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	7,423.
	16 Other expenses (describe in Schedule O)	16	
	17 Total expenses. Add lines 10 through 16	17	33,393.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	8,856.
	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	106,035.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	114,891.

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 and enter the amount of tax-exempt interest received or accrued during the tax year
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: Signature of officer: Cary C. Corbett, Date: 4/23/21, Type or print name and title: Cary C. Corbett, President/Secretary/Treasurer

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if 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)

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

Harbour Town Merchants Association, Inc.

Employer identification number

27-3157127

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

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

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

Description	Beq. 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.



Minutes of the Harbour Town Merchants Association Meeting

August 2, 2023

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

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

Mr. Bender noted the ATAX application for the 4th of July fireworks application event will be submitted to the Town of Hilton Head Island. A resolution was made to support the 4th of July fireworks event again in 2024 (attached).

Mr. Bender provided an update on miscellaneous items including a store update, 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 4th of July Fireworks display for 2024 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 2, 2023.

Date: 8/9/2023

Robert R. Bender, President

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)