2025 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.

2025

Accommodations Tax Funds Request Application

Date Received: 08/28/2024 Time Received: 03:09 PM By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 6, 2024

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, 2025 Event Location: Harbour Town

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 9,000+ people (12% increase from 2023), 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 guest feedback.

A. Total Number of Physical Tourists Served: 7,920

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: 360

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: 720

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): 9,000

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. We plan to do another survey in 2025.

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, 2025 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 2024:

Harbour Town Merchants Association -- \$11,898; CSA -- \$6,500;

Sea Pines Resort -- \$14,740; South Beach (marina) -- \$3,500; and, Sponsorship -- \$7,500.

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)

Ι

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

1 - Destination Advertising/Promotion Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.	0	%
2 - Tourism-Related Events Promotion of the arts and cultural events.	68	%
3 - Tourism-Related Facilities Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.	0	%
4 - Tourism-Related Public Services The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.	9	%
5 - Tourist Public Transportation Tourist shuttle transportation.	23	%
6 - Waterfront Erosion/Control/Repair	0	%

Control and repair of waterfront erosion.

Total: 100 %

- 6. If not covered elsewhere in the application, please describe (a) how the organization will collaborate with other organizations to enhance tourism efforts, and (b) provide a venue or service not otherwise available to visitors to the Town of Hilton Head Island. (250 words or less)
 - (a) 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, 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. <i>i</i>	Additional comments. (2	50 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 2025 event will be funded by: Harbour Town Merchants Association (applying organization) \$20,000 CSA \$6,500 Sea Pines Resort \$19,549 South Beach (marina) \$3,500							
	ATAX Funds (if approved) \$29,000							
2	. Please also estimate, as a percentage, the s	ource 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					
D. FINA	Yes No _X_ If so, please list top 3 sources and amounts. NCIAL INFORMATION:							
Fisca	l Year Disclosure: Start Month: January 202	23 & 202	4 End Month: December 2023 & 2024					
Finar	ncial Statement Requirements:							
1.	. The <u>upcoming fiscal year's</u> operating budge	t for the	organization.					
	Budget Provided: Yes							
2	. The <u>previous two fiscal years</u> and <u>current year</u> organization.	ar-to-date	e profit and loss reports for the					
	Current fiscal year Profit Loss Report I	Provided	· Ves					
	Current liscal year 1 Tollt 2003 Neport I		. 100					
	Previous fiscal year Profit Loss Report							
	·							

3. The $\underline{\text{previous two fiscal years}}$ and $\underline{\text{current year-to-date}}$ balance sheets.

Current fiscal year Balance Sheet Provided: Yes

Previous fiscal year Balanace Sheets Provided:

2022 - Previous FY 1

2023 - 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

2022 - 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 expenditue 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 2023 or 2024 HHI ATAX funds

1. List any ATAX award amounts received in 2023 and/or 2024.

2022	\$23,000.00	Harbour Town 4th of July Fireworks
2023	\$29,000.00	Harbour Town 4th of July Fireworks
2024	\$29,000.00	Harbour Town 4th of July Fireworks

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

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 9,000+ 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 Island, SC 29928

Email Address: mlogan@seapines.com

Office Phone Number: 843-842-1824

Home Phone Number: 843-816-5519



Minutes of the Harbour Town Merchants Association Meeting August 14, 2024

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 2025 (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 2025 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 14, 2024.

Date: 8/14/2024

Robert R. Bender, President

Harbour Town Merchants Association Profit & Loss Budget Overview January through December 2024

													TOTAL
	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan - De
Ordinary Income/Expense Income													
Association dues Marketing Income	1,870.00	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	1,955.00	23,290.00
Additional Marketing Income Marketing Income - Other	3,784.00	3,784.00	3,956.00	3,956.00	3,956.00	3,956.00	3,956.00 0.00	3,956.00	3,956.00 0.00	3,956.00 0.00	3,956.00 0.00	3,956.00 0.00	47,128.00 0.00
Total Marketing Income	3,784.00	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	3,956.00	47,128.00
Total Income	5,654.00	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	5,911.00	70,418.00
Gross Profit	5,654.00	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	5,911.00	70,418.00
Expense Activities/Events 4th of July Activities Christmas Activities Christmas Decorations Dog Event Easter Egg Hunt				900,00			8,400.00			1,500.00		3,500.00 3,500.00	8,400.00 3,500.00 3,500.00 1,500.00 900.00
Fall Event Fireworks Fireworks Parking Labor Gregg Russell Contract Halloween Spring Event Sunday Entertainment	1,354.09	1,354.09	1,354.09	1,354.09	1,354.09	1,354.09	6,000.00 599.00 1,354.09	1,354.09	3,300.00 1,354.09	1,354.09 1,500.00	1,354.09	1,354.09	3,300.00 6,000.00 599.00 16,249.08 1,500.00 3,300.00 4,998.00
Total Activities/Events	1,354.09	1,354.09	4,654.09	2,254.09	1,354.09	3,020.09	18,019.09	3,020.09	4,654.09	4,354.09	1,354.09	8,354.09	53,746.08
Insurance Marketing Harbour Town Visitors Guide Marketing Brochure Marketing Design Work Mkt Brochure Distribution	2,200.00	4,000.00	450.00 556.50					450.00 556.50		1,500.00			1,500.00 4,000.00 2,200.00 900.00 1,113.00
Print - Island Events Print Advertising for Events Social Media		5,300.00	375.00	325.00					375.00 325.00				5,300.00 750.00 650.00
Total Marketing	2,200.00	9,300.00	1,381.50	325.00			:	1,006.50	700.00	200 2 2 2			14,913.00
Total Expense	3,554.09	10,654.09	6,035.59	2,579.09	1,354.09	3,020.09	18,019.09	4,026.59	5,354.09	5,854.09	1,354.09	8,354.09	70,159.08
Net Ordinary Income	2,099.91	-5,000.09	-124.59	3,331.91	4,556.91	2,890.91	-12,108.09	1,884.41	556.91	56.91	4,556.91	-2,443.09	258.92
Other Income/Expense Other Expense													
Bank Service Charges	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	24.00
Total Other Expense	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	24.00

3 PM 26/24 crual Basis

Harbour Town Merchants Association Profit & Loss Budget Overview January through December 2024

													TOTAL
	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan - De
Net Other Income	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-2.00	-24.00
Net Income	2,097.91	-5,002.09	-126.59	3,329.91	4,554.91	2,888.91	-12,110.09	1,882.41	554.91	54.91	4,554.91	-2,445.09	234.92

3 PM 26/24 crual Basis

Harbour Town Merchants Association Balance Sheet

As of August 26, 2024

	Aug 26, 24
ASSETS Current Assets Checking/Savings Truist-checking account	135,240.04
Total Checking/Savings	135,240.04
Accounts Receivable Accounts Receivable	-1,542.00
Total Accounts Receivable	-1,542.00
Total Current Assets	133,698.04
TOTAL ASSETS	133,698.04
LIABILITIES & EQUITY Liabilities Current Liabilities Accounts Payable Accounts Payable	-0.09
Total Accounts Payable	-0.09
Other Current Liabilities Due to Sea Pines	-18,900.00
Total Other Current Liabilities	-18,900.00
Total Current Liabilities	-18,900.09
Total Liabilities	-18,900.09
Equity Retained Earnings Net Income	144,213.18 8,384.95
Total Equity	152,598.13
TOTAL LIABILITIES & EQUITY	133,698.04

49 AM 16/23 crual Basis

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

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

Harbour Town Merchants Association Balance Sheet

As of August 30, 2022

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

5 PM 26/24 crual Basis

Harbour Town Merchants Association Profit & Loss

January 1 through August 26, 2024

	Jan 1 - A
Ordinary Income/Expense Income	
Association dues	44,461.00
Total Income	44,461.00
Gross Profit	44,461.00
Expense	
Activities/Events	
4th of July Activities	10,300.00
Christmas Decorations	2,000.00
Dog Event	1,100.00
Easter Egg Hunt	738.00
Fall Event	2,500.00
Fireworks	-29,000.00
Fireworks Parking Labor	599.00
Gregg Russell Contract	10,807.76
Spring Event	5,186.48
Sunday Entertainment	13,050.00
Total Activities/Events	17,281.24
Marketing Marketing-Additional Print Marketing Design Work Mkt Brochure Distribution Print - Island Events Print Advertising for Events Social Media	675.00 3,090.00 2,196.00 6,842.50 661.31 5,000.00
Total Marketing	18,464.81
Miscellaneous	310.00
Total Expense	36,056.05
Net Ordinary Income	8,404.95
Other Income/Expense Other Expense	
Bank Service Charges	20.00
Total Other Expense	20.00
Net Other Income	-20.00
Net Income	8,384.95

50 AM 16/23 crual Basis

Harbour Town Merchants Association Profit & Loss

January 1 through August 16, 2023

	Jan 1 - Au
Ordinary Income/Expense Income	
Association dues	45,232.00
Total Income	45,232.00
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	32,702.29
Marketing Marketing-Additional Print Mkt Brochure Distribution	650.00 2,160.00
Total Marketing	2,810.00
Total Expense	35,512.29
Net Ordinary Income	9,719.71
Other Income/Expense Other Expense	
Bank Service Charges	22.00
Total Other Expense	22.00
Net Other Income	-22.00
Net Income	9,697.71
	-

7 AM 30/22 crual Basis

Harbour Town Merchants Association Profit & Loss

January 1 through August 30, 2022

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

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

and ending For the 2023 calendar year, or tax year beginning 01/01/2023 12/31/2023 C Name of organization B Check if applicable: D Employer identification number Address change HARBOUR TOWN MERCHANTS ASSOCIATION 27-3157127 Room/suite Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Initial return 843-842-1824 32 Greenwood Drive Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number Hilton Head Island, SC 29928 Application pending H Check ☑ if the organization is not G Accounting Method: Cash Accrual Other (specify): I Website: 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 ☐ Association ☑ Other: Limited Liability Company K Form of organization: Corporation ☐ Trust 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 66,780 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 Program service revenue including government fees and contracts 0 3 3 66.780 4 0 Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses O Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . 5c Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue 0 o of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 0 Less: direct expenses from gaming and fundraising events . . . 6c 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract . 6d 7a Gross sales of inventory, less returns and allowances 0 7b 0 Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 0 8 8 0 9 66,780 9 10 10 0 11 11 0 12 0 12 Salaries, other compensation, and employee benefits Expenses 13 13 Professional fees and other payments to independent contractors . . . 56,254 14 14 0 15 15 10,278 16 16 0 17 17 66,532 18 18 Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 143,965 Net 20 20 0 Net assets or fund balances at end of year. Combine lines 18 through 20 144,213

Pai	Balance Sheets (see the instructions	for Part II)		ο.		<u></u>
200	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗸
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			134,150	22	136,713
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			18,386	24	18,900
25	Total assets			152,536		155,613
26	Total liabilities (describe in Schedule O)			8,571		11,400
27	Net assets or fund balances (line 27 of column			143,965	27	144,213
Par						
	Check if the organization used Schedule			Part III	(Par	Expenses guired for section
What	is the organization's primary exempt purpose?	See Schedule O, Sta	itement 1			(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the ach program title.	services provide	d, the number of	orga othe	anizations; optional fo
28	Promotion of Harbour Town through local print med					
	see improved foot traffic and sales even with increase	sed competition from	new and revitalized	commerce in		
	(Continued on Schedule O, Statement 2)					
	IV-S	includes foreign gra			28a	10,278
29	Provide free attractions and events in Harbour Town					
	activities for kids and nightly musical entertainment	for families has prov	ided a safe, family f	riendly location		
	(Continued on Schedule O, Statement 3)	:!:-!	aka abaatabaa		-	
20	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> L .</u>	29a	56,254
30						

	(Grants \$) If this amount	includes foreign gra	nto obsolvboro		30a	.]
31	Other program services (describe in Schedule O)				JUa	
01		includes foreign gra			31a	
32	Total program service expenses (add lines 28a 1	through 31a)	ints, check here .	· · · · L	32	
Part			Water Company of the	440		40,000
I COLOR	Check if the organization used Schedule					
	October 1110 October 1100 Octob		(c) Reportable			
94	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-)	deferred compensation	0	Estimated amount of other compensation
Rob	Bender	10.00		0	0	0
Pres.	/Secretary/Treas./Dir					
Matti	new Roher	2.00		0	0	0
Vice	President					
					Т	

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Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Fart v.) Check if the organization used Schedule O to respond to any question in the	5 raii	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
34	detailed description of each activity in Schedule O	33	939	/
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business		1000	
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
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		
С	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	an d	1
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	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0	1		10011
b	Did the organization file Form 1120-POL for this year?	37b		1
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?	38a		1
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b		3	
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	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:			
¥6	section 4911:; section 4912:; section 4955:			CALL CO.
Ь	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		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400	297-815	339007
	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			
е	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		1
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.	843-84	2-182	4
**	Located at: 32 Greenwood Drive, Hilton Head Island, SC 29928 ZIP + 4	299	_	
Ь	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)?	401	Yes	-
	If "Yes," enter the name of the foreign country:	42b	211111110	1
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	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		1
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			
440	Did the exemplation maintain any dense advised funds during the years 16 five 2 forms 000 must be		Yes	No
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		1
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		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
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)?	440 45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	·va	J. T. T.	
	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		1

	-11.						1	Yes	No
46	Did t	he organization engage, directly or ir ndidates for public office? If "Yes," o	idirectly, in political c complete Schedule C	ampaign activities Part I	on behalf	of or in opposi	tion		,
Part		Section 501(c)(3) Organizations		, • • • • •		<u> </u>	. 46		4
		All section 501(c)(3) organization		stions 47-49b ar	nd 52, and	complete th	e tables	for lin	ies
		50 and 51.				to the section of the service of the section of the			
		Check if the organization used Scl	nedule O to respond	to any question	in this Part	VI			<u>. D</u>
			THE CHAPTER OF STATE AND A STATE OF STA		NAME OF THE OWNER	Menorite to the control of the contr	r	Yes	No
47		he organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elec	ction in effe	ect during the	tax . 47		
48		organization a school as described in	The second secon	Association of the second of t			. 48		
49a									
b		es," was the related organization a se					. 49b		<u> </u>
50		plete this table for the organization's oyees) who each received more than							
10	empi	oyees) who each received more than	\$100,000 of compet	(c) Reportable		ealth benefits,	e, enter i	vone.	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MIS 1099-NEC)	contribut SC/ benefit p	tions to employee lans, and deferred mpensation	(e) Estimate other cor		
None							- 11 11 11 11 11 11 11 1	70.	
			*** C 1 146 167 U U						
			:						1
							1		
f		number of other employees paid over			- and contract the contract of the				
51		plete this table for the organization' ,000 of compensation from the organ			ent contrac	tors who each	received	more	thar
/ ₂	(a)	Name and business address of each independ	lent contractor	(b) Type of	service	(c)	Compensat	ion	58
None									
									-
d	Total	number of other independent contra	ctors each receiving	over \$100.000		<u> </u>	20		
52		the organization complete Schedu	10,000		rganization:	s must attach	ı a		
		oleted Schedule A					. Yes		No
		of perjury, I declare that I have examined this rd complete. Declaration of preparer (other than					nowledge and	d belief,	, it is
Sign		Signature of officer			7707	Date			
Here		Rob Bender, President Type or print name and title					×		
- 2 2		POWER PROGRAMMENT OF THE PROGRAM	Preparer's signature		Date		PTIN		
Paid		Print/Type preparer's name	STATE OF STA			Check L	if		
Prep		Firm's name	_1			Firm's EIN	•		
Use (Unly	Firm's address				Phone no.			
May th	ne IRS	discuss this return with the preparer	shown above? See i	instructions			. 🗌 Yes		No

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

HARBOUR TOWN MERCHANTS ASSOCIATION	27-3157127
Form 990-EZ, Part II, Line 24 - Accounts Receivable	· · · · · · · · · · · · · · · · · · ·
Form 990-EZ, Part II, Line 26 - Accounts Payable	
·	
***************************************	******************************
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HARBOUR TOWN MERCHANTS ASSOCIATION

Form: Form 990-EZ (2023)

EIN: 27-3157127

Part III

Page: 2

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

HARBOUR TOWN MERCHANTS ASSOCIATION

Form: Form 990-EZ (2023)

EIN: 27-3157127

Page: 2

First Program Service Accomplishments Description

Part III, Line 28

Description

the local area. On average members' sales were up 14.6% from last year. In addition, there were no vacant retail space in Harbour Town as all space is occupied.

HARBOUR TOWN MERCHANTS ASSOCIATION

Form: Form 990-EZ (2023)

Page: 2

EIN: 27-3157127 Part III, Line 29

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.

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

20**22**

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

-		2022 Caleridal year, or tax year beginning 01/01/2022 and ending	12/31/2	2022					
В	Check if a	applicable: C Name of organization	Employer	identification number					
\vdash	Address		27-3157127						
H	Name ch	The state of the s	E Telephone number						
H	Initial retu	32 Greenwood Drive	843-842-1824						
Ħ	Amended	City and a second and a second and a second as a secon	Group E	xemption					
	Application	on pending Hilton Head Island, SC 29928	Number	70°C (1666-100-100 € 1700-166), 1700-1664					
G	Accoun	nting Method: Cash Accrual Other (specify):	neck 🗹 if i	the organization is not					
1.3	Nebsite			attach Schedule B					
J 1	ax-exer		orm 990).						
		f organization: Corporation Trust Association Other: Limited Liability		nv.					
L	Add line	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	ssets	<u>y </u>					
(Pa	rt II, col	lumn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$ 67,039					
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in		ns for Part I\					
		Check if the organization used Schedule O to respond to any question in this Part I .	oti dotioi						
	1	Contributions, gifts, grants, and similar amounts received	1						
	2	Program service revenue including government fees and contracts	. 2	0					
	3	Membership dues and assessments	. 3	0 (7.000					
	4	Investment income	4	67,039					
	5a	Gross amount from sale of assets other than inventory 5a		0					
	ь	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)							
	6	Gaming and fundraising events:	. 5c	0					
	а	Gross income from gaming (attach Schedule G if greater than							
9	"	\$16,000\							
Revenue	h	Oa	0						
ě		Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the	1						
Œ	1	CONTRACTOR CONTRACTOR OF THE C							
			0						
	ď	Less: direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	0						
		line 6c) ,	640.0						
	7a		• 6d	0					
	b	Gross sales of inventory, less returns and allowances	0						
		Less: cost of goods sold	0						
	8 8	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	. 7c	0					
	9	Other revenue (describe in Schedule O)	. 8	0					
_	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 9	67,039					
	11	Grants and similar amounts paid (list in Schedule O)		0					
10	80000	Benefits paid to or for members	. 11	0					
Ses	12	Salaries, other compensation, and employee benefits	. 12	0					
Expens	13	Professional fees and other payments to independent contractors	. 13	51,408					
×	14	Occupancy, rent, utilities, and maintenance	. 14	0					
ш	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					
ş	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	4,638					
386	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w	ith 💮						
Net Assets	102020	end-of-year figure reported on prior year's return)	. 19	139,327					
le l	20	Other changes in net assets or fund balances (explain in Schedule O)	. 20						
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	142 045					

Par	Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule		nv question in this	Part II	_	
				(A) Beginning of year	Ē	(B) End of year
22	Cash, savings, and investments		t	121,455	22	134,150
23	The state of the s				23	134,130
24	Other assets (describe in Schedule O) See Sch	nedule O, Statement 1		17,872	_	18,386
25	Total assets			139,327		152,536
26	Total liabilities (describe in Schedule O) See S	chedule O. Statement	.2		26	8,571
27	Net assets or fund balances (line 27 of column	n (B) must agree wit	h line 21)	139,327	_	143,965
Part		nplishments (see th	ne instructions for I	Part III)		*****
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part III		Expenses
What	is the organization's primary exempt purpose?	See Schedule O. St.	atement 3	<u> </u>		quired for section
Descr as me perso	ibe the organization's program service accompleasured by expenses. In a clear and concise not benefited, and other relevant information for e	lishments for each o manner, describe the each program title.	of its three largest per services provided	d, the number of	org	(c)(3) and 501(c)(4) anizations; optional for ers.)
	Promotion of Harbour Town through local print med					
	see improved foot traffic and sales even with increa	sed competition from	new and revitalized	commerce in		
100	(Continued on Schedule O, Statement 4)		***************************************			
		t includes foreign gra			28a	10,993
	Provide free attractions and events in Harbour Tow activities for kids and nightly musical entertainmen (Continued on Schedule O, Statement 5)	t for families has prov	rided a safe, family fr	iendly location		
30	Grants \$) If this amount	t includes foreign gra	ants, check here .	🗆	29 a	51,407
	Grants \$) If this amount Other program services (describe in Schedule O)	t includes foreign gra	ants, check here .		30a	1
(Grants \$ 0) If this amount	includes foreign gra	inte check here		31a	
	otal program service expenses (add lines 28a	through 31a)	and, check here .	· · · · · ·	32	
Part	List of Officers, Directors, Trustees, and Ke	v Employees flist each	one even if not com	noncotod con the in		
	Check if the organization used Schedule	O to respond to a	nv question in this	Part IV	istru	clions for 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 employed benefit plans, and deferred compensation	1	Estimated amount of other compensation
Rob B	ender	10.00	0		0	0
Pres./	Secretary/Treas./Dir	1				
Matthe	ew Roher	2.00	0		0	0
Vice P	resident	1				
********		-				
		-				

	***************************************		A-2			
		1				
		-			T	
					T	

Part				
\$	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part		. <u> </u>
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	33	Yes	No
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	33	H	
25-	change on Schedule O. See instructions	34		V
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)?	35a		~
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 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	35b 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	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
38a	Did the organization file Form 1120-POL for this year? 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?	37b		-
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	38a		~
39	Section 501(c)(7) organizations. Enter:	12		
a b	Initiation fees and capital contributions included on line 9	-		151
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911:; section 4912:; section 4955:	, J. 1	(= 1) 	
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,			
d	4955, and 4958			
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		843-84	2-1824	4
b	Located at: 32 Greenwood Drive, Hilton Head Island, SC 29928-4510 ZIP + 4 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	29928	-4510 Yes	Ma
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	NO
	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).			
С	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	* *		
44a	Did the organization maintain any dense solvined founds during the condition of the conditi		Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		V
	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		V
C	Did the organization receive any payments for indoor tanning services during the year?	44c		V
	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	PACE.	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V
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	45h		

Form	990-EZ	(2022)
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Dana	മ
Pane	

to candidates for public office? If "Yes," complete Schedule C, Part I 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 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 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Bit "Yes," was the related organization a section 52 organization? 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 (a) Name and title of each employee (b) Average (c) Reprosition (c) Reprosition (d) Health benefits, contributions to employee (e) Estimated amount of other compensation (e) Health benefits, contributions to employee (e) He	46	Did 1	the organization engage, directly or in	ndirectly, in political o	ampaign activities	on behalf	of or in opp	osition		Yes	No
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 Tyes No Tyes	238	to ca	andidates for public office? If "Yes,"	complete Schedule C	, Part I				144.0000000		V
So and 51, Check if the organization used Schedule O to respond to any question in this Part VI	Part \	VI.	Section 501(c)(3) Organization	s Only		<i>II.</i>					
Check if the organization used Schedule O to respond to any question in this Part VI Yes No. 147			All section 501(c)(3) organization 50 and 51	is must answer que	estions 47–49b a	nd 52, an	d complete	the t	ables f	or lin	es
Ves No. Ves				hedule O to respond	to any question	in this Par	t VI				П
year? If "Yes," complete Schedule C, Part II 8 Is the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Is the organization make any transfers to an exempt non-charitable related organization? 49 If "Yes," was the related organization as section 527 organization? 50 Complete this table for the organization is five highest compensated employees (other than officers, directors, trustess, 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) Name and title of each employees paid over \$100,000 100 American in the organization of the organization is 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) Name and business address of each independent contractor. (c) Complete this table for the organization. If there is none, enter "None." (d) Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 10 Id the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a year on year of the period of the perio	-								200	Yes	No
Did the organization make any transfers to an exempt non-charitable related organization?	47	Did t	the organization engage in lobbying ? If "Yes," complete Schedule C, Par	activities or have a t			8000	the tax			Wali.
b if "Yes," was the related organization a section 527 organization? 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 None 1 Total number of other employees paid over \$100,000 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 (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 Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations to the best of my knowledge and belief, it is received. Organization of prepare (other than office) is based on all information of which prepare has any knowledge. Sign Note: All sections of the prepare (other than office) is based on all information of which prepare has any knowledge. Sign Note: All sections of the prepare (other than office) is based on all information of which prepare has any knowledge. Signature of officer Rob Bender, President Type or print name and title Preparer Elim's address.									48		
Complete this table for the organization is 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." 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 2 Complete this table for the organization is 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 senice (c) Compensation (c) Reportable (d) Reportab		THE PARTY OF THE P									
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 (a) Name and title of each employee (b) Average hours per week devoted to position (c) Peopratise	50	Com	es, was the related organization a semiliate this table for the organization's	ection 527 organizations five highest compen	on?	other than	officers dir		49b	20. 20	d ko
(a) Name and title of each employee		emp	loyees) who each received more than	\$100,000 of comper	nsation from the or	rganization	If there is r	none, e	enter "N	lone."	u key
f Total number of other employees paid over \$100,000 . 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 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A completed Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A complet		(a)	Name and title of each employee	hours per week	compensation (Forms W-2/1099-MI	contribu	utions to employ plans, and defer				
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 . 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 Rob Bender, President Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Firm's EIN Phone no.	None				1000				-		
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 . Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					2	_	* ,-	-			
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 . Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A											
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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 . Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A								+			
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 . Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A											
\$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 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 Rob Bender, President Type or print name and title Print/Type preparer's name Preparer's signature Date Check if PTIN self-employed Firm's name Firm's address Phone no.											8
(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	51	\$100	plete this table for the organization ,000 of compensation from the organ	s five highest compenization. If there is no	ensated independe ne, enter "None,"	ent contra	ctors who e	ach re	ceived	more	than
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				- · · · · · · · · · · · · · · · · · · ·	1 married 2	service		(c) Cor	mpensati	on .	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	None			· · · · · · · · · · · · · · · · · · ·	20.00	2 0		******		9K	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A											
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A											
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A				-							
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A			***************************************				B				
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A											
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A			· · · · · · · · · · · · · · · · · · ·			· ·					
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 Signature of officer Rob Bender, President Type or print name and title Print/Type preparer's name Preparer Use Only Firm's name Firm's address May the USS discusse this set was with the set was with the set of my knowledge and belief, it is the set of my knowledge and belief, it is true, correct, and complete. Date which preparer has any knowledge. Date Check if self-employed Firm's name Firm's EIN Phone no.											
Sign Signature of officer Date Rob Bender, President Type or print name and title Print/Type preparer's name Preparer's signature Date Preparer Use Only Firm's address May the IPS discusse this weture with the amount of the reparer (other than officer) is based on all information of which preparer has any knowledge. Date Check if self-employed self-employed phone no.	- JZ	comb									10
Rob Bender, President Type or print name and title Paid Print/Type preparer's name Preparer Use Only Firm's name Firm's address May the USS discusse this actual value and title Preparer Firm's address Phone no.	Under per	natties ect, an	of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than	etum, including accompany officer) is based on all info	rmation of which prepar	ements, and i rer has any kr	to the best of mowledge.	y knowle	edge and	belief,	it is
Rob Bender, President Type or print name and title Paid Print/Type preparer's name Preparer Use Only Firm's name Firm's address May the USS discusse this actual value and title Preparer Firm's address Phone no.	Sign		Signature of officer				Data			12"	
Type or print name and title Paid Preparer Use Only Firm's name Firm's address May the IRS discusse this act was with the second or se			Sent Control of Control of State Control of				Date				
Preparer Use Only Firm's name Firm's EIN Firm's address Phone no.					7. 3 .						
Preparer Use Only Firm's name Firm's address May the IRS discuss this actum with the second self-employed Prim's EIN Phone no.	Paid		Print/Type preparer's name	Preparer's signature		Date	Check	☐ if	PTIN		
Firm's address Phone no.	일하는 그리 학생의 목적하였다.			<u> </u>							
May the IDC discuss this veture with the	Use C	nly	Andrews (1974 - 1984)			_		20 (1			
	May the	IRS		shown above? See in	nstructions			ſ	7 Vac		<u> </u>

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ, Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer identification number
HARBOUR TOWN MERCHANTS ASSOCIATION	27-3157127
THE CONTROL TO MY MERCHANIC ADDITION	21-3131121

***************************************	***************************************

HARBOUR TOWN MERCHANTS ASSOCIATION

Form: Form 990-EZ (2022)

EIN: 27-3157127

Page: 2

Other Assets Structured Explanation

Part II, Line 24

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

HARBOUR TOWN MERCHANTS ASSOCIATION

Form: Form 990-EZ (2022)

EIN: 27-3157127

Page: 2

Part II, Line 26

Other Liabilities Structured Explanation	
Description	EOY Amount
Accounts Payable	8,571
Total:	8,571

HARBOUR TOWN MERCHANTS ASSOCIATION

Form: Form 990-EZ (2022)

Page: 2

Primary Exempt Purpose

Part III

EIN: 27-3157127

Primary Exempt Purpose

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

HARBOUR TOWN MERCHANTS ASSOCIATION

Form: Form 990-EZ (2022)

EIN: 27-3157127

Page: 2

First Program Service Accomplishments Description

Part III, Line 28

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.

HARBOUR TOWN MERCHANTS ASSOCIATION

Form: Form 990-EZ (2022)

EIN: 27-3157127 Part III, Line 29

Page: 2

Description

Second Program Service Accomplishments 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.

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

AI	For the	2021 calenda	ar year, or tax year beginning 01/01/2021 and ending	12/31/20	21				
B Check if a		pplicable:	icable: C Name of organization		lentification number				
	Address change		HARBOUR TOWN MERCHANTS ASSOCIATION	27-3157127					
	Name cha		Number and street (or P.O. box if mail is not delivered to street address) Room/suite E	E Telephone number					
	Initial retu		32 Greenwood Drive	843-842-1824					
	rinal retui Amended	m/terminated	City or town, state or province, country, and ZIP or foreign postal code	Group Exemption					
		on pending	Hilton Head Island, SC 29928	Number 1					
G /	Account	ting Method:	☐ Cash ☑ Accrual Other (specify) ► H Che	eck ▶ 📝	if the organization is not				
	Vebsite				ach Schedule B				
J T	ax-exer	npt status (che		rm 990).	1				
K	orm of	organization:	☐ Corporation ☐ Trust ☐ Association ☑ Other Limited Liability	Company					
LA	dd line	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	sets					
(Pai	rt II, col	lumn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ	. ▶ \$	62,195				
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the ins		for Part I)				
			the organization used Schedule O to respond to any question in this Part I .						
	1		ons, gifts, grants, and similar amounts received		0				
	2		ervice revenue including government fees and contracts	. 2	0				
	3		ip dues and assessments	. 3	62,195				
	4	Investment		. 4	02,170				
	5a		unt from sale of assets other than inventory 5a	0	<u> </u>				
	ь		or other basis and sales expenses						
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c							
	6		d fundraising events:						
	а	Gross ince	ome from gaming (attach Schedule G if greater than						
Le		\$15,000) .	6a	0					
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of contributions						
Re		from fundra	aising events reported on line 1) (attach Schedule G if the						
		sum of suc	h gross income and contributions exceeds \$15,000) 6b	0					
	С	Less: direc	t expenses from gaming and fundraising events 6c	0					
	d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	ct					
		line 6c) .		. 6d	0				
	7a	Gross sale:	s of inventory, less returns and allowances	0					
	b		of goods sold	0					
	С	Gross profi	it or (loss) from sales of inventory (subtract line 7b from line 7a)	. 7c	0				
	8	Other rever	nue (describe in Schedule O)	. 8	0				
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	62,195				
	10		similar amounts paid (list in Schedule O)	. 10	0				
	11	Benefits pa	aid to or for members	. 11	0				
Expenses	12		ther compensation, and employee benefits	. 12	0				
	13		al fees and other payments to independent contractors	. 13	27,653				
	14		, rent, utilities, and maintenance	. 14	0				
	15	Printing, pu	ublications, postage, and shipping	. 15	10,106				
	16	Other expe	nses (describe in Schedule O)	. 16	0				
	17	Total expe	nses. Add lines 10 through 16	▶ 17	37,759				
(C)	18	Excess or (deficit) for the year (subtract line 17 from line 9)	. 18	24,436				
Se	19		or fund balances at beginning of year (from line 27, column (A)) (must agree wi						
Net Assets	**************************************	· · · · · · · · · · · · · · · · · · ·	r figure reported on prior year's return)		114,891				
	20		ges 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	▶ 21	139,327				

Par	Balance Sheets (see the instructions					
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part II		
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			105,304	22	121,45
23	Land and buildings				23	(
24	Other assets (describe in Schedule O) See.Sch	nedule O, Statement 1		17,729	24	17,87
25	Total assets			123,033		139,32
26	Total liabilities (describe in Schedule O) See Se	chedule O, Statement	2	8,142	-	21
27	Net assets or fund balances (line 27 of column	n (B) must agree wit	h fine 21)	114,891		139,32
Part	III Statement of Program Service Accom	nplishments (see th	ne instructions for			
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part III 🖂		Expenses
What	is the organization's primary exempt purpose?	See Schedule O. St	atement 3		- Pr − 200	quired for section
Desci	ribe the organization's program service accompli easured by expenses. In a clear and concise n	ishments for each of	of its three largest	orogram services,		(c)(3) and 501(c)(4) anizations; optional fo ers.)
perso	ons benefited, and other relevant information for e	ach program title.				
	Promotion of Harbour Town through local print med					
	see improved foot traffic and sales even with increa	sed competition from	new and revitalized	l commerce in		
	(Continued on Schedule O, Statement 4)					
mercen. B		t includes foreign gra			28a	10,100
	Provide free attractions and events in Harbour Town					
	activities for kids and nightly musical entertainment	t for families has prov	ided a safe, family f	riendly location		
	(Continued on Schedule O, Statement 5)					
3	(Grants \$) If this amount	t includes foreign gra	ants, check here .	🕨 🗌	29a	27,653
30	***************************************	**-*				
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ □	30a	
31	Other program services (describe in Schedule O)		. <u></u>			
- 1	(Grants \$ 0) If this amount	includes foreign gra	ints, check here	▶ □	31a	i) (
32	Total program service expenses (add lines 28a	through 31a)		🕨	32	
Part	List of Officers, Directors, Trustees, and Key	y Employees (list eacl	n one even if not com	pensated-see the in	nstruc	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		🗀
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0	Estimated amount of other compensation
Rob E	Bender	10.00			0	0
Pres./	/Secretary/Treas./Dir					
Matth	ew Roher	2.00			0	0
Vice F	President	1	3			
		No.			+	
		1				
ete					+	
		1				
					+	<u>0</u>
					+	
	***************************************	1				
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		248 8			1-	
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	***************************************			2000		

Par	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s in th	ne	<u>-30 -</u>
	instructions for Fact 4.) Offects if the organization used Schedule O to respond to any question in this	is Pari	-	. L
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	33	Yes	No
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)?	35a		,
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		-
С	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	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a	כ		100
b	Did the organization file Form 1120-POL for this year?	37b		1
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?	38a		1
Ь	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
40a	Gross receipts, included on line 9, for public use of club facilities			
4Va	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	1000	X=X	HUE S
	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			
е	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	3000		
41	List the states with which a copy of this return is filed ▶	40e		~
42a		040.04		_
72.0	The organization's books are in care of ► Rob Bender Telephone no. ► Located at ► 32 Greenwood Drive, Hilton Head Island, SC 29928-4510 ZIP + 4 ►	843-84 29928		1
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	29928	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	V
	If "Yes," enter the name of the foreign country ▶		778.08	(Control
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	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		V
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			
20000000			Yes	No
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		V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	8891	A 35-0	17.5H
	completed instead of Form 990-EZ	44b		V
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	1000	(1)	
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
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	45h		
	THE THE PARTY OF T	1450		B./

							Yes	No
46	Did the organization engage, directly or i	ndirectly, in political of	campaign activities	s on behalf o	of or in oppos	ition 🔚	1000	100
Dead	to candidates for public office? If "Yes,"	complete Schedule C	, Part I	· · · · ·		. 46		1
Part		s Only						
	All section 501(c)(3) organization 50 and 51.	is must answer que	estions 47-49b a	ind 52, and	complete th	ne tables i	for lin	es
	Check if the organization used So	hadula O to respons	to any guartian	in thin Dort	V/I			_
	oneon it the organization used oc	rieddie O to respont	to any question	in this Part	VI	* * * *		<u> </u>
47	Did the organization engage in lobbying	activities or have a	section 501/b) ele	ction in effe	oct during the	tax —	Yes	No
	year? If "Yes," complete Schedule C, Pai	tll			cruding the	. 47		
48	Is the organization a school as described i						 	├-
49a	Did the organization make any transfers t	to an exempt non-cha	ritable related org	anization?		. 49a		
b	If "Yes," was the related organization a se	ection 527 organization	on?			49h	1 —	
50	Complete this table for the organization's	five highest compen	sated employees	other than o	fficers, direct	ors truste	es, an	id ke
	employees) who each received more than	n \$100,000 of compe	nsation from the o	rganization.	If there is non	ie, enter "N	lone."	ř.
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	contributi	ealth benefits, ons to employee ans, and deferred			
		outed to position	1099-NEC)	con	npensation			
None	***************************************		İ	f				
27							.	
	***************************************			ł				
						-	-	

								_
			1	2				
		Alta 28					- 1000 -	
f	Total number of other employees paid ov-							
51	Complete this table for the organization'	s five highest compe	ensated independe	ent contract	- ors who each	received	more	tha
	\$100,000 of compensation from the organ	nization. If there is no	ne, enter "None."					
	(a) Name and business address of each independ	fent contractor	(b) Type of	service	(c)	Compensation	on	
None					+			
HONE		*****						
			* **	272 - C				

			-			700		10.3
				8. 98			t	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************						
	Total number of other independent contra			. <b>.</b>			-	
52	Did the organization complete Schedu			77			223	
_						► ☐ Yes		A
unaer pe true, corr	natties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other than	eturn, including accompany officer) is based on all infor	ring schedules and state	ements, and to	the best of my kn	owledge and	belief, i	t is
	I An. E. M		The state of the s	or neo any kno.	2 21 2-			
Sign	Signature of officer			-	3 3 20.	22_		_
Here	Rob Bender, President				ruty			
	Type or print name and title	<u> </u>		***				
Paid	Print/Type preparer's name	Preparer's signature	1	Date		. PTIN		
Palu Prepa					Check self-employ	if		
Use C				F	irm's EIN ▶			
	Firm's address ▶		* * * * * * * * * * * * * * * * * * * *		hone no.			
May the	e IRS discuss this return with the preparer	shown above? See in	structions		100	► ☐ Yes		lo

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

## 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.

2021

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

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

HARBOUR TOWN MERCHANTS ASSOCIATION	27-3157127
***************************************	
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HARBOUR TOWN MERCHANTS ASSOCIATION

Form: Form 990-EZ (2021)

EIN: 27-3157127

Page: 2

Part II, Line 24

Other Assets Structured Explanation		
Description	EOY Amount	
Accounts Receivable	17,872	
Total:	17,872	

HARBOUR TOWN MERCHANTS ASSOCIATION

Form: Form 990-EZ (2021)

EIN: 27-3157127

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Part II, Line 26

Other Liabilities Structured Explanation		
Description	EOY Amount	
Accounts Payable	0	
Total:	0	

HARBOUR TOWN MERCHANTS ASSOCIATION

Form: Form 990-EZ (2021)

Primary Exempt Purpose

EIN: 27-3157127

Part III

Page: 2

Primary Exempt Purpose

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

HARBOUR TOWN MERCHANTS ASSOCIATION

Form: Form 990-EZ (2021)

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Page: 2

First Program Service Accomplishments Description

Part III, Line 28

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.

HARBOUR TOWN MERCHANTS ASSOCIATION

Form: Form 990-EZ (2021)

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Description

Page: 2

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.

Second Program Service Accomplishments Description

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

Date: JAN 1 0 2011

HARBOUR TOWN MERCHANTS ASSOCIATION INC 32 GREENWOOD DR HILTON HEAD ISLAND, SC 29928-4510 Employer Identification Number: 27-3157127 DLN: 17053340319000 Contact Person: ID# 31309 DEL TRIMBLE 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 taxexempt 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,

Poles Cloic

Robert Choi Director, Exempt Organizations Rulings and Agreements

Enclosure: Publication 4221-NC

Letter 948 (DO/CG)