

# **2026**

## **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 and how it helps drive lodging occupancy and sales to local businesses and restaurants.

# 2026 Accommodations Tax Funds Request Application

Date Received: 08/14/2025

Time Received: 02:54 PM

By: Online Submittal

*Applications will not be accepted if submitted after 4 pm on September 5, 2025*

## A. SUMMARY OF GRANT REQUEST:

**ORGANIZATION NAME:** 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(s):** July 4, 2026

**Event Location(s):** Harbour Town

**Total Budget:** \$140,049.00

**Grant Requested:** \$50,000.00

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, activities, etc. We are one of two locations on Hilton Head Island that offers a 4th of July fireworks display every year, in addition to various activities to celebrate the holiday. In 2026 the United States will be celebrating its semiquincentennial and we will have added events and activities taking place.

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

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. Based on occupancy data from The Sea Pines Resort, ADR was up 3.7% to \$573 from 2024, paid occupancy for the week was 85% (95% on July 4th) and average length of stay was 7 days. Nearly \$1.5m in lodging revenue was generated for The Sea Pines Resort from June 28 - July 5, 2025.

A. Total Number of Physical Tourists Served: 8,423

*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: 278

*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: 555

*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): 9,256

How was the Number of visitors documented? (250 words or less)

Bus ridership, trolley ridership, gate passes sold and resort occupancy, Placer.ai reports for the Harbour Town area that included zip code data and parking lot counts. Note: Placer.ai is a location analytics platform that uses anonymized mobile data to track foot traffic and consumer behavior for businesses.

## 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, 2026 from a barge located in Calibogue Sound off of Harbour Town and various activities throughout the area.

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. The Association also promotes the various businesses within Harbour Town throughout the year via social media, print media, digital marketing campaigns and a website presence.

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. Additional events will take place on and around July 4th in 2026 to celebrate the semiquincentennial and therefore additional funds are needed and are being respectfully requested.

Source and amount of funds for 2026 event:

Harbour Town Merchants Association -- \$20,000; Community Services Associates (CSA) -- \$7,000;

The Sea Pines Resort -- \$59,049; South Beach (marina) -- \$4,000; and, Accommodations Tax Grant -- \$50,000.

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, and visitors would be very disappointed if we were not able to 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. In 2026 it is important to recognize and celebrate the 250th anniversary of the founding of our Country through additional events / activities and a more impactful 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. Based on demographic information from Placer.ai, the top four segment groups that attended the event include the following groups and their estimated household income:

- Ultra Wealthy Families \$200k+
- Upper Suburban Diverse Families \$100k - \$150k
- Wealthy Suburban Families \$125k - \$200k
- Sunset Boomers \$150k - \$200k

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	0 %
<i>Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.</i>	
2 - Tourism-Related Events	68 %
<i>Promotion of the arts and cultural events.</i>	
3 - Tourism-Related Facilities	0 %
<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>	
4 - Tourism-Related Public Services	9 %
<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>	
5 - Tourist Public Transportation	23 %
<i>Tourist shuttle transportation.</i>	
6 - Waterfront Erosion/Control/Repair	0 %
<i>Control and repair of waterfront erosion.</i>	
7 - Operation of Visitor Information Centers	0 %
<i>Operating visitor information centers.</i>	
<b>Total:</b>	<b>100 %</b>

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

(a) 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, boat dockage in the harbour and island-wide lodging occupancy. We also work with 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. Lastly, the Hilton Head Island Fire Department is always a part of our July 4th event and kids and families love interacting with these friendly, knowledgeable and professional individuals.

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-striped 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, in addition to other events being offered that day for visitors to enjoy and celebrate this important holiday.

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 annually by membership dues from businesses in Harbour Town.

The 2026 event will be funded by:

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

Community Services Associates (CSA) -- \$7,000

The Sea Pines Resort -- \$59,049

South Beach (marina) -- \$4,000

ATAX Funds (if approved) -- \$50,000

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

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

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

Yes      No **X**

If so, please list top 3 sources and amounts.

#### D. FINANCIAL INFORMATION:

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Fiscal Year Disclosure: Start Month: **January 2025** End Month: **December 2025**

##### 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:

2023- Previous FY 2

2024- Previous FY 1

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

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

Previous fiscal year Balance Sheets Provided:

2023 - Previous FY 2

2024 - Previous FY 1

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

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

Previous IRS Form 990 or 990T Years Provided:

2021 - Previous FY 1

2022 - Previous FY 2

2023 - Previous FY 1

#### E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

2. Indicate whether your organization has procurement guidelines, which are utilized and followed in the expenditure of ATAX grant funds.

- ☐ Utilize and follow organization's own procurement guidelines  
☒ Our organization does not have or follow procurement guidelines

#### F. MEASURING EFFECTIVENESS:

If you received 2024 or 2025 HHI ATAX funds

1. List any ATAX award amounts received in 2024 and/or 2025.

2023	\$29,000.00	Harbour Town 4th of July Fireworks
2024	\$29,000.00	Harbour Town 4th of July Fireworks
2025	\$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 9,000+ people to be in attendance (including residents, resort guests and visitors), which benefits the surrounding businesses with increased visitors. Occupancy for The Sea Pines Resort was 95% on July 4th and 85% for the week, with an average length of stay of 7 days and an ADR of \$573. This type of occupancy helps drive millions of dollars in lodging revenues for the island which translates to strong accommodations tax revenues.

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.

We also measure effectiveness of programs year-round based on sales figures for area businesses, the success of those businesses, and the long tenure of most businesses in Harbour Town.

## G. EXECUTIVE SUMMARY

Provide an executive summary using the "ATAX Effectiveness Measurement" form provided via the link on the left, or by utilizing the text area provided below to report uses of the organization's prior ATAX grant, if applicable. If you create your own format, please refer to the "ATAX Effectiveness Measurement" form and use the criteria as a guideline in developing your executive summary below.  
(1300 words or less)

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 and how it helps drive lodging occupancy and sales to local businesses and restaurants.

Signature: Rob Bender

Title/Position: President

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

Email Address: mlogan@seapines.com

Office Phone Number: 843-842-1951

Home Phone Number:





## Civic Dashboard

Jun 29 - Jul 5, 2025

Property:



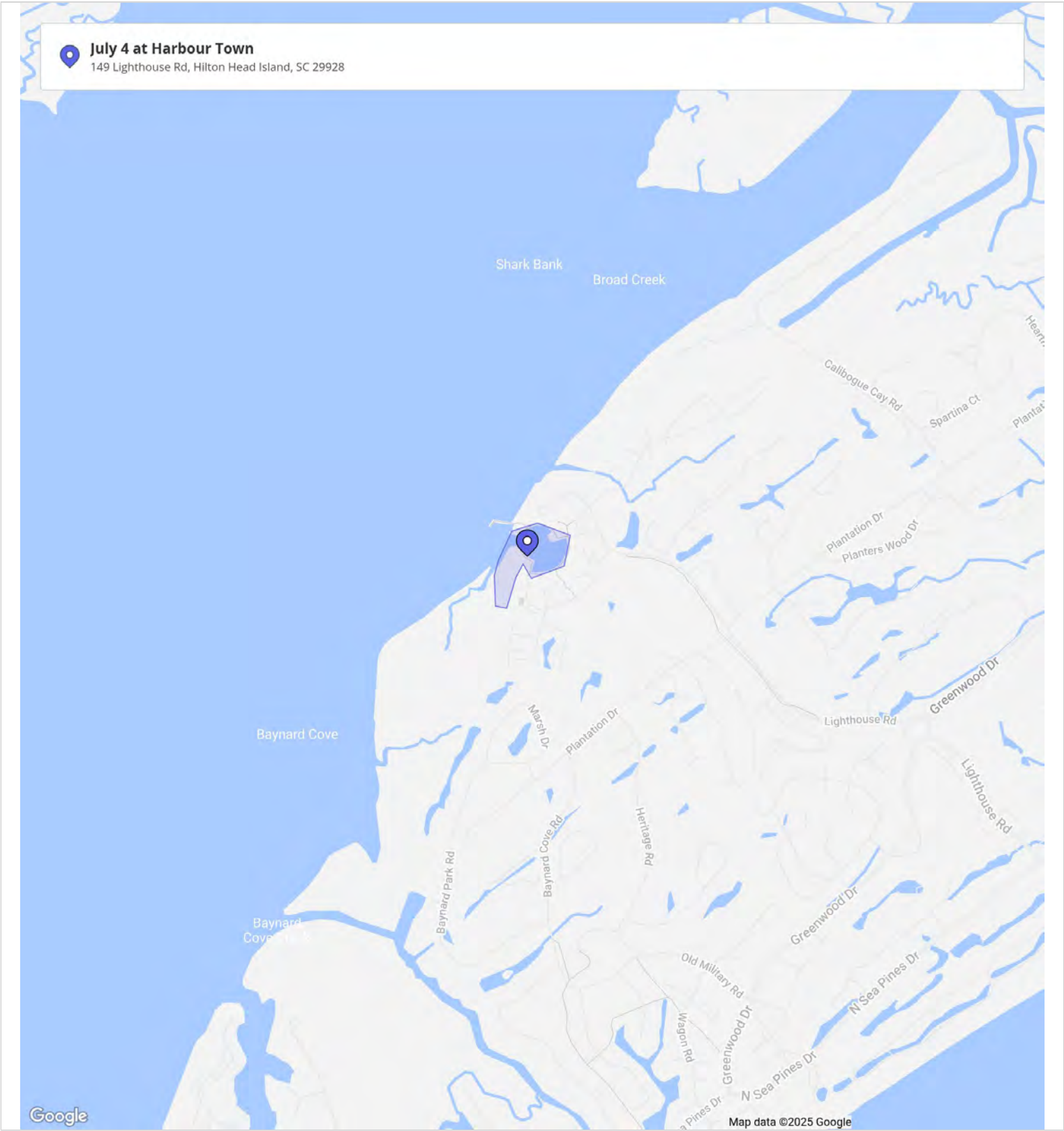
### July 4 at Harbour Town

149 Lighthouse Rd, Hilton Head Island, SC 29928



Scan to view on placer.ai platform







Metrics

July 4 at Harbour Town  
149 Lighthouse Rd, Hilton Head Island, SC 29928

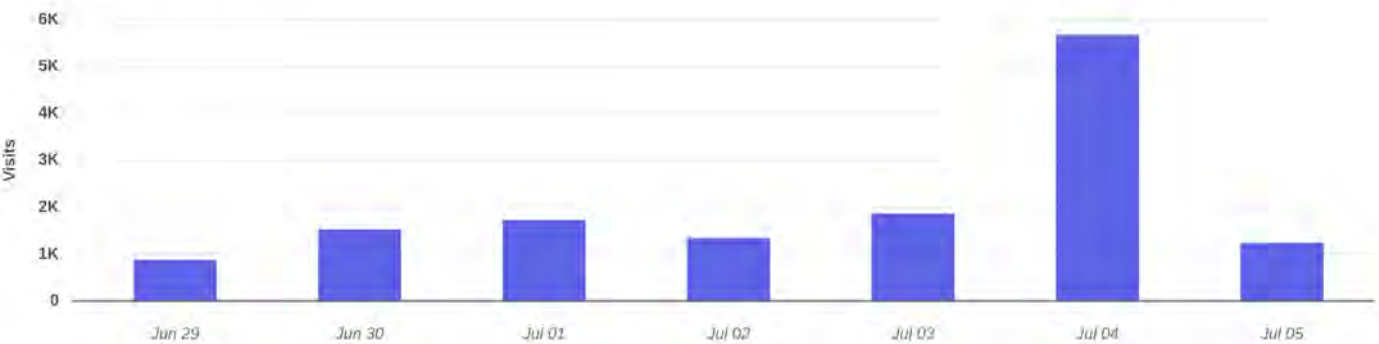
Visits	14.3K	Visits YoY	-1.8%
Visitors	12.3K	Visits Yo2Y	+15.9%
Visit Frequency	1.16	Visits Yo3Y	+7.5%

Jun 29th, 2025 - Jul 5th, 2025  
Data provided by Placer Labs Inc. ([www.placer.ai](http://www.placer.ai))



Visits Trend

July 4 at Harbour Town  
Lighthouse Rd, Hilton Head Island, SC

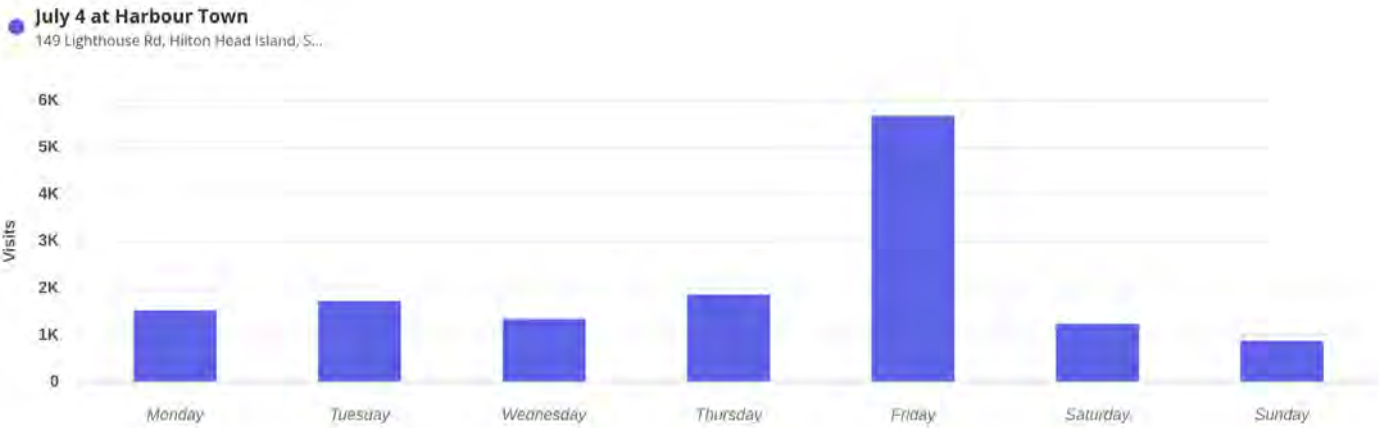


Daily | Visits | Jun 29th, 2025 - Jul 5th, 2025  
Data provided by Placer Labs Inc. ([www.placer.ai](http://www.placer.ai))





Daily Visits



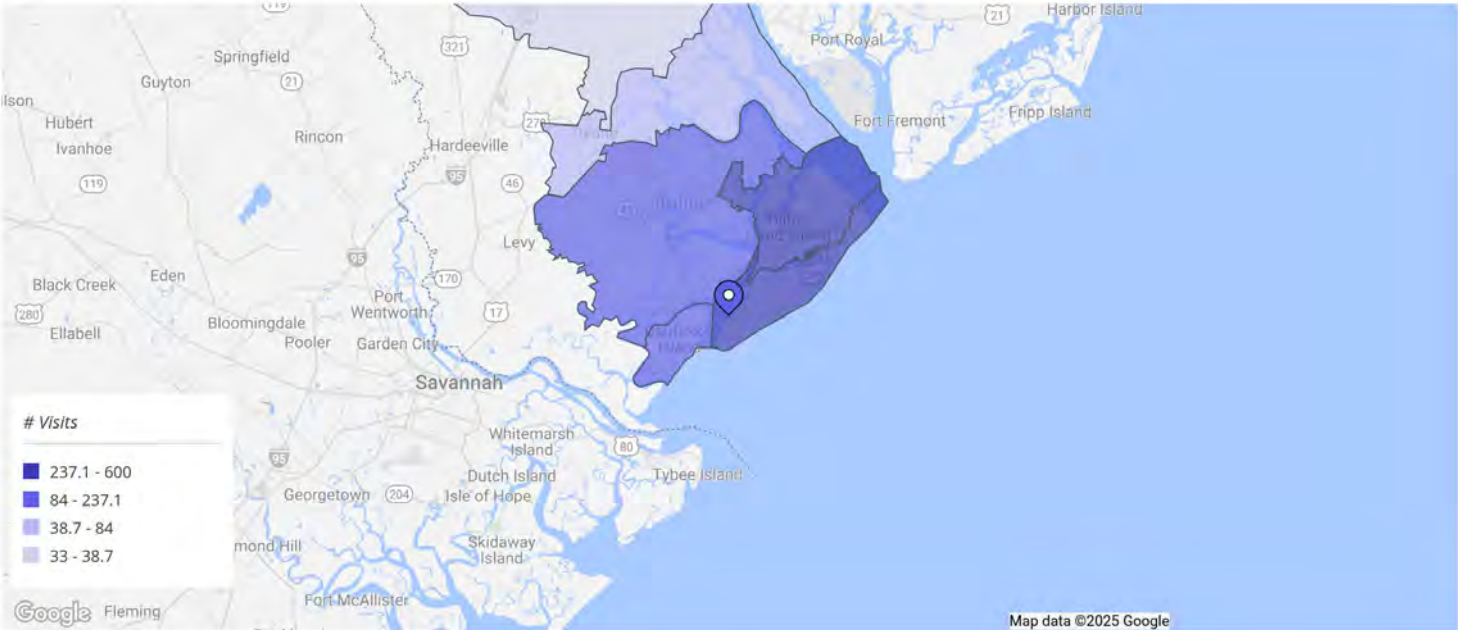
Visits | Jun 29th, 2025 - Jul 5th, 2025  
Data provided by Placer Labs Inc. ([www.placer.ai](http://www.placer.ai))





Visitors By Origin

July 4 at Harbour Town  
149 Lighthouse Rd, Hilton Head Island, SC 2...



July 4 at Harbour Town  
149 Lighthouse Rd, Hilton Head Island, SC 2...

Zipcode / City	Visits (% of Total)
29928 Hilton Head Island, SC	600 (4.2%)
29926 Hilton Head Island, SC	278 (2%)
29910 Bluffton, SC	237 (1.7%)
14226 Buffalo, NY	172 (1.2%)
19146 Philadelphia, PA	136 (1%)
29915 Daufuskie Island, SC	131 (0.9%)
40207 Louisville, KY	117 (0.8%)
28104 Matthews, NC	108 (0.8%)
45368 South Charleston, OH	104 (0.7%)
07302 Jersey City, NJ	101 (0.7%)



<div><div></div><div>July 4 at Harbour Town</div><div>149 Lighthouse Rd, Hilton Head Island, SC</div></div>	
Zipcode / City	Visits (% of Total)
15241 Pittsburgh, PA	99 (0.7%)
40514 Lexington, KY	98 (0.7%)
30068 Marietta, GA	95 (0.7%)
45140 Loveland, OH	94 (0.7%)
29681 Simpsonville, SC	94 (0.7%)
28211 Charlotte, NC	93 (0.7%)
94123 San Francisco, CA	90 (0.6%)
29708 Fort Mill, SC	90 (0.6%)
30809 Evans, GA	87 (0.6%)
35216 Birmingham, AL	83 (0.6%)
03049 Hollis, NH	83 (0.6%)
40205 Louisville, KY	80 (0.6%)
45014 Fairfield, OH	79 (0.6%)
29909 Okatie, SC	77 (0.5%)
49058 Hastings, MI	74 (0.5%)

Jun 29th, 2025 - Jul 5th, 2025

Data provided by Placer Labs Inc. ([www.placer.ai](http://www.placer.ai))





Favorite Places

July 4 at Harbour Town / Lighthouse Rd, Hilton Head Island, SC

Rank	Name	Distance	Visitors
1	Harbour Town General Store / 149 Lighthouse Rd, Hilton Head Island, SC 29928	0.1 mi	10.3K (83.7%)
2	Quarterdeck / 160 Lighthouse Rd, Hilton Head Island, SC 29928	0.1 mi	5.8K (46.9%)
3	Coligny Plaza / 1 N Forest Beach Dr, Hilton Head Island, SC 29928	3.7 mi	5.1K (41.1%)
4	The Salty Dog Cafe / 232 S Sea Pines Dr, Hilton Head Island, SC 29928	1.7 mi	3.8K (30.9%)
5	Shelter Cove Towne Centre / 40 Shelter Cove Ln, Hilton Head Island, SC 29928	6.2 mi	3.6K (29.6%)
6	Island Crossing / 11 Palmetto Bay Rd, Hilton Head Island, SC 29928	3.1 mi	3.5K (28.4%)
7	Sea Pines Beach Club / 87 N Sea Pines Dr, Hilton Head Island, SC 29928	1.7 mi	2.9K (23.6%)
8	Building at 140 Lighthouse Rd / 140 Lighthouse Rd, Hilton Head Island, SC 29928	0.2 mi	2.4K (19.8%)
9	Publix / 11 Palmetto Bay Rd, Hilton Head Island, SC 29928-3293	3 mi	2.1K (17.4%)
10	Harris Teeter / 33 Office Park Rd, Hilton Head Island, SC 29928	2.8 mi	2.1K (17%)

Category: All Categories | Min. Visits: 1 | Jun 29th, 2025 - Jul 5th, 2025  
Data provided by Placer Labs Inc. ([www.placer.ai](http://www.placer.ai))





Prior / Post Compare

July 4 at Harbour Town / Lighthouse Rd, Hilton Head Island, SC

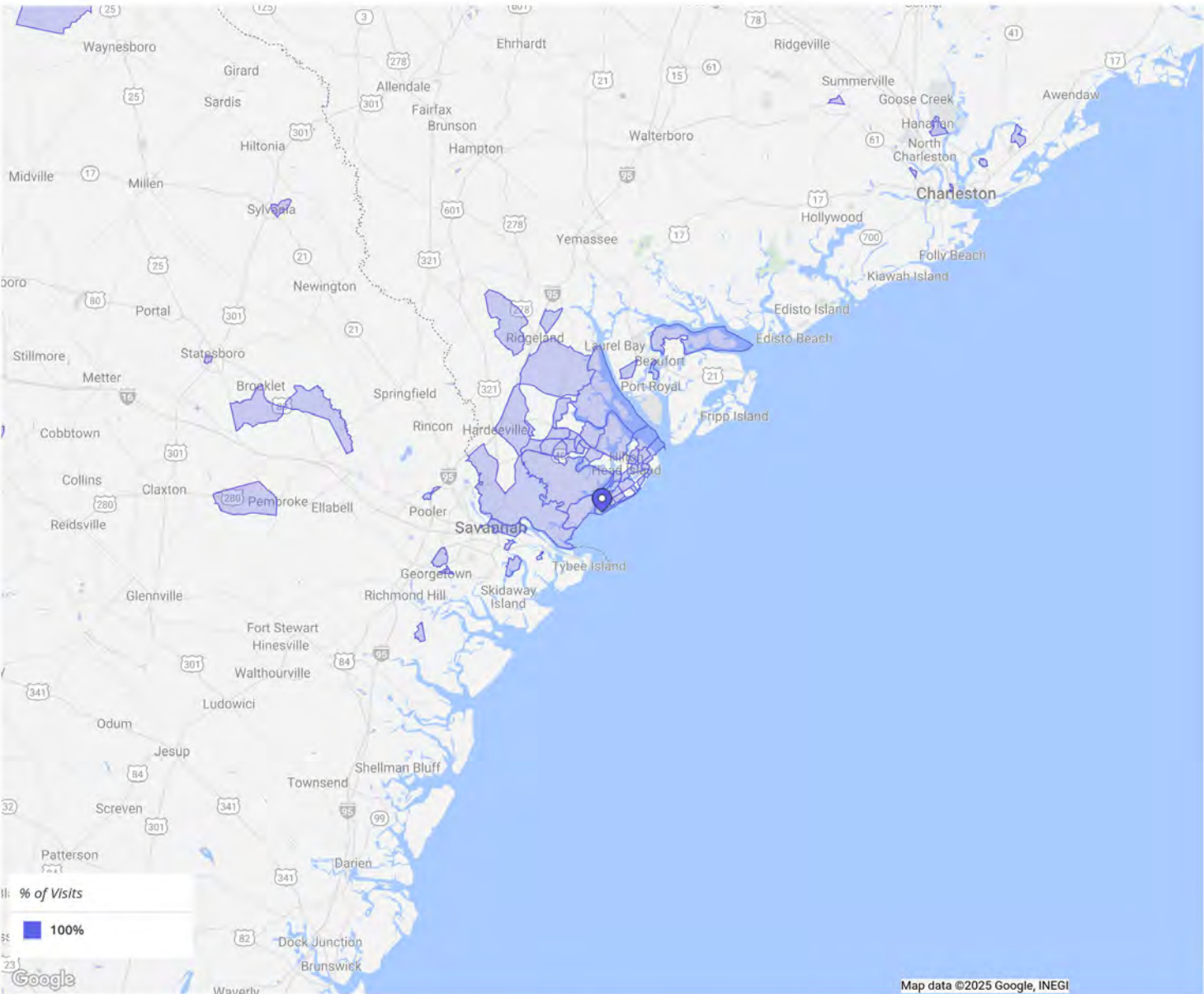
Prior			Post		
Rank	Name	Foot-Traffic	Rank	Name	Foot-Traffic
1	Quarterdeck / Lighthouse Rd, Hilton Head Island...	6.6%	1	Quarterdeck / Lighthouse Rd, Hilton Head Island...	6.7%
2	918 Cutter Court Villa / Lighthouse Lane, Hilton ...	3.4%	2	918 Cutter Court Villa / Lighthouse Lane, Hilton ...	3.4%
3	Sea Pines Racquet Club / Lighthouse Ln, Hilton ...	3%	3	The Salty Dog Cafe / S Sea Pines Dr, Hilton Head...	2.9%
4	Schooner Court Villas / Lighthouse Rd, Hilton H...	2.9%	4	Marriott's Monarch at Sea Pines / N Sea Pines ...	2.2%
5	Harbour South Villas / Lighthouse Ln, Hilton He...	2.4%	5	Harbour South Villas / Lighthouse Ln, Hilton He...	1.9%
6	The Inn & Club at Harbour Town / Lighthouse L...	2.3%	6	Sea Pines Racquet Club / Lighthouse Ln, Hilton ...	1.6%
7	Hilton Head Island Wine & Food Festival / Hilt...	2%	7	The Inn & Club at Harbour Town / Lighthouse L...	1.6%
8	Links, an American Grill / Lighthouse Ln, Hilton ...	1.7%	8	Marriott's Grande Ocean / South Forest Beach ...	1.4%
9	Braddocks Point Cemetery / Hilton Head Island,...	1.6%	9	Harbortown Pool / Hilton Head Island, SC	1.2%
10	The Salty Dog Cafe / S Sea Pines Dr, Hilton Head...	1.3%	10	Sea Pines Resort, Hilton Head Island, S.C. / Hilt...	1.1%

Jun 29th, 2025 - Jul 5th, 2025  
Data provided by Placer Labs Inc. ([www.placer.ai](http://www.placer.ai))





July 4 at Harbour Town / 149 Lighthouse Rd, Hilton Head Island, SC 29928



Home locations are obfuscated for privacy and randomly placed within a census block. They do not represent actual home addresses.



July 4 at Harbour Town

149 Lighthouse Rd, Hilton Head Island, SC 29928

Benchmark: Nationwide



Segment Groups

Segment	Households
A - Ultra Wealthy Families	(25.9%) 370
J - Sunset Boomers	(11.9%) 328
H - Young Professionals	(5.8%) 101
C - Upper Suburban Diverse Families	(12.2%) 36
G - Educated Urbanites	(3.1%) 87
B - Wealthy Suburban Families	(12.2%) 27
D - Suburban Boomers	(4.1%) 120
Q - City Hopefuls	(2%) 29
F - Blue Collar Suburbs	(3.5%) 51
K - Budget Boomers	(2.4%) 57
I - Young Urban Singles	(1.8%) 28
E - Near-Urban Diverse Families	(<0.5%) 8
O - Small Town	(2.3%) 40
P - Melting Pot Families	(<0.5%) 10
L - Rural High Income	(5.5%) 91

Calculated using Weighted Centroid from Block Groups | DataSet: Spatial.ai; Personalive

July 4 at Harbour Town

149 Lighthouse Rd, Hilton Head Island, SC 29928

Benchmark: Nationwide



M - Rural Average Income	(4.3%) 63
N - Rural Resilience	(2.2%) 49

Calculated using Weighted Centroid from Block Groups | DataSet: Spatial.ai; Personalive



## Minutes of the Harbour Town Merchants Association Meeting

August 6, 2025

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 4<sup>th</sup> of July fireworks application event will be submitted to the Town of Hilton Head Island. A resolution was made to support the 4<sup>th</sup> of July fireworks event again in 2026 (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.

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Robert R. Bender, President



## **Harbour Town Merchants Association**

### **RESOLUTION**

RESOLVED, that the Harbour Town Merchants Association approves the Harbour Town 4<sup>th</sup> of July Fireworks display for 2026 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 6, 2025.

Date: 8/11/2025

Robert R. Bender, President

**Harbour Town  
4<sup>th</sup> of July Fireworks**

**2025 Actual Income**

ATAX	\$29,000
CSA	7,000
South Beach	4,000
HT Merchants	15,773
Sea Pines Resort	18,314
Beverage Supplier	
Sponsorship	7,500
<b>Total</b>	<b><u>\$81,587</u></b>

**2026 Budget**

ATAX	\$50,000
CSA	7,000
South Beach	4,000
HT Merchants	20,000
Sea Pines Resort	59,049
<b>Total</b>	<b><u>\$140,049</u></b>

**Expenses**

**Costs 2025**

\$ 2,548	Extra labor for trash and recycling	\$ 3,000
599	Parking lot attendants	599
18,375	Buses	19,000
3,874	Restroom rental	4,000
44,400	Fireworks & Barge	47,000
2,500	Labor for bus transportation after show	3,000
1,900	Security for parking lots	2,750
6,095	Activities and DJ	7,000
0	Lights	1,200
1,296	Beaufort County Sheriff's Office	2,500
<u>0</u>	250 <sup>th</sup> Celebration related expenses	<u>50,000</u>
<b><u>\$81,587</u></b>	<b>TOTAL</b>	<b><u>\$140,049</u></b>

Harbour Town Merchants Association  
Profit & Loss Budget Overview  
January through December 2025

	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	TOTAL Jan - De...
Ordinary Income/Expense													
Income													
Association dues	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	5,911.00	5,911.00	70,932.00
Total Income	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	5,911.00	5,911.00	70,932.00
Gross Profit	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	5,911.00	5,911.00	70,932.00
Expense													
Activities/Events													
Christmas Event												7,000.00	7,000.00
Dog Event										1,500.00			1,500.00
Easter Egg Hunt				900.00									900.00
Fall Event									3,300.00				3,300.00
Fireworks							14,400.00						14,400.00
Fireworks Parking Labor							599.00						599.00
Gregg Russell Contract	1,354.09	1,354.09	1,354.09	1,354.09	1,354.09	1,354.09	1,354.09	1,354.09	1,354.09	1,354.09	1,354.09	1,354.09	16,249.08
Halloween										1,500.00			1,500.00
Spring Event			3,300.00										3,300.00
Total Activities/Events	1,354.09	1,354.09	4,654.09	2,254.09	1,354.09	1,354.09	16,353.09	1,354.09	4,654.09	4,354.09	1,354.09	8,354.09	48,748.08
Beginning Balance Adj 12-31-05						1,666.67	1,666.67	1,666.67					5,000.01
Insurance										1,200.00			1,200.00
Marketing													
Harbour Town Visitors Guide		1,000.00											1,000.00
Marketing-Digital Marketing	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	6,000.00
Marketing Design Work			450.00					450.00					900.00
Misc Marketing			442.00					442.00					884.00
Mkt Brochure Distribution	2,200.00												2,200.00
Print - Island Events		5,000.00											5,000.00
Total Marketing	2,700.00	6,500.00	1,392.00	500.00	500.00	500.00	500.00	1,392.00	500.00	500.00	500.00	500.00	15,984.00
Total Expense	4,054.09	7,854.09	6,046.09	2,754.09	1,854.09	3,520.76	18,519.76	4,412.76	5,154.09	6,054.09	1,854.09	8,854.09	70,932.09
Net Ordinary Income	1,856.91	-1,943.09	-135.09	3,156.91	4,056.91	2,390.24	-12,608.76	1,498.24	756.91	-143.09	4,056.91	-2,943.09	-0.09
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
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	1,854.91	-1,945.09	-137.09	3,154.91	4,054.91	2,388.24	-12,610.76	1,496.24	754.91	-145.09	4,054.91	-2,945.09	-24.09



**Harbour Town Merchants Association**  
**Balance Sheet**  
**As of August 13, 2025**

	<u>Aug 13, 25</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
Truist-checking account	106,443.89
<b>Total Checking/Savings</b>	106,443.89
<b>Accounts Receivable</b>	
Accounts Receivable	1,028.00
<b>Total Accounts Receivable</b>	1,028.00
<b>Total Current Assets</b>	107,471.89
<b>TOTAL ASSETS</b>	<b><u>107,471.89</u></b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
Accounts Payable	-0.09
<b>Total Accounts Payable</b>	-0.09
<b>Total Current Liabilities</b>	-0.09
<b>Total Liabilities</b>	-0.09
<b>Equity</b>	
Retained Earnings	99,410.92
Net Income	8,061.06
<b>Total Equity</b>	107,471.98
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b><u>107,471.89</u></b>

# Harbour Town Merchants Association

## Profit & Loss

### January through December 2024

	<u>Jan - Dec...</u>
Ordinary Income/Expense	
Income	
Association dues	67,077.00
Total Income	<u>67,077.00</u>
Gross Profit	67,077.00
Expense	
Activities/Events	
4th of July Activities	20,200.00
Christmas Decorations	2,000.00
Christmas Event	15,900.00
Dog Event	1,155.88
Easter Egg Hunt	738.00
Fall Event	4,187.55
Fireworks	1,000.00
Fireworks Parking Labor	599.00
Gregg Russell Contract	17,562.61
Halloween	1,100.00
Spring Event	5,186.48
Sunday Entertainment	13,050.00
Total Activities/Events	<u>82,679.52</u>
Insurance	1,034.00
Marketing	
Marketing-Additional Print	1,422.93
Marketing Design Work	4,415.00
Misc Marketing	2,280.00
Mkt Brochure Distribution	2,196.00
Print - Island Events	6,842.50
Print Advertising for Events	661.31
Social Media	8,000.00
Sponsorship	-7,000.00
Total Marketing	<u>18,817.74</u>
Miscellaneous	310.00
Reconciliation Discrepancies	9,000.00
Total Expense	<u>111,841.26</u>
Net Ordinary Income	-44,764.26
Other Income/Expense	
Other Expense	
Bank Service Charges	38.00
Total Other Expense	<u>38.00</u>
Net Other Income	-38.00
Net Income	<u><u>-44,802.26</u></u>

Harbour Town Merchants Association  
**Balance Sheet**  
As of December 31, 2024

	<u>Dec 31, 24</u>
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
Truist-checking account	<u>109,661.80</u>
Total Checking/Savings	<u>109,661.80</u>
Accounts Receivable	
Accounts Receivable	<u>7,000.00</u>
Total Accounts Receivable	<u>7,000.00</u>
Total Current Assets	<u>116,661.80</u>
<b>TOTAL ASSETS</b>	<b><u>116,661.80</u></b>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	<u>17,250.88</u>
Total Accounts Payable	<u>17,250.88</u>
Total Current Liabilities	<u>17,250.88</u>
Total Liabilities	<u>17,250.88</u>
Equity	
Retained Earnings	<u>144,213.18</u>
Net Income	<u>-44,802.26</u>
Total Equity	<u>99,410.92</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b><u>116,661.80</u></b>

# Harbour Town Merchants Association

## Profit & Loss

### January through December 2023

	<u>Jan - De...</u>
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
Association dues	66,820.00
<b>Total Income</b>	<u>66,820.00</u>
<b>Gross Profit</b>	66,820.00
<b>Expense</b>	
<b>Activities/Events</b>	
4th of July Activities	11,723.15
Christmas Decorations	16,874.00
Easter Egg Hunt	640.00
Fall Event	4,166.00
Fireworks	0.00
Fireworks Parking Labor	599.00
Gregg Russell Contract	17,279.79
Halloween	1,900.00
Spring Event	2,019.91
<b>Total Activities/Events</b>	<u>55,201.85</u>
Insurance	1,052.00
<b>Marketing</b>	
Marketing-Additional Print	2,579.42
Misc Marketing	64.59
Mkt Brochure Distribution	2,160.00
Print - Island Events	5,474.00
<b>Total Marketing</b>	<u>10,278.01</u>
<b>Total Expense</b>	<u>66,531.86</u>
<b>Net Ordinary Income</b>	288.14
<b>Other Income/Expense</b>	
<b>Other Expense</b>	
Bank Service Charges	40.00
<b>Total Other Expense</b>	<u>40.00</u>
<b>Net Other Income</b>	<u>-40.00</u>
<b>Net Income</b>	<u><u>248.14</u></u>

**Harbour Town Merchants Association**  
**Balance Sheet**  
**As of December 31, 2023**

	<u>Dec 31, 23</u>
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
Truist-checking account	136,713.09
Total Checking/Savings	<u>136,713.09</u>
Total Current Assets	<u>136,713.09</u>
<b>TOTAL ASSETS</b>	<b><u>136,713.09</u></b>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	11,399.91
Total Accounts Payable	<u>11,399.91</u>
Other Current Liabilities	
Due to Sea Pines	-18,900.00
Total Other Current Liabilities	<u>-18,900.00</u>
Total Current Liabilities	<u>-7,500.09</u>
Total Liabilities	-7,500.09
Equity	
Retained Earnings	143,965.04
Net Income	<u>248.14</u>
Total Equity	<u>144,213.18</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b><u>136,713.09</u></b>

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)

**Return of Organization Exempt From Income Tax****2024**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](http://www.irs.gov/Form990EZ) for instructions and the latest information.**Open to Public  
Inspection**

<b>A</b> For the 2024 calendar year, or tax year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HARBOUR TOWN MERCHANTS ASSOCIATION</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>32 Greenwood Drive</b> City or town, state or province, country, and ZIP or foreign postal code <b>Hilton Head Island, SC 29928</b>
<b>D</b> Employer identification number <b>27-3157127</b>	
<b>E</b> Telephone number <b>843-842-1824</b>	
<b>F</b> Group Exemption Number	
<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify): _____	
<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990).	
<b>I</b> Website: _____	
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other: <b>Limited Liability Company</b>	
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . \$ <b>67,039</b>	

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

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<b>0</b>
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	<b>0</b>
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	<b>67,039</b>
	<b>4</b>	Investment income . . . . .	<b>4</b>	<b>0</b>
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	<b>0</b>
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	<b>0</b>
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	<b>5c</b>	<b>0</b>
	<b>6</b>	Gaming and fundraising events:		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	<b>0</b>
	<b>b</b>	Gross income from fundraising events (not including \$ <b>0</b> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	<b>0</b>
<b>c</b>	Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	<b>0</b>	
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	<b>0</b>	
Revenue	<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	<b>0</b>
	<b>b</b>	Less: cost of goods sold . . . . .	<b>7b</b>	<b>0</b>
	<b>c</b>	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	<b>7c</b>	<b>0</b>
	<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>	<b>0</b>
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	<b>67,039</b>
Expenses	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	<b>0</b>
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	<b>0</b>
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	<b>0</b>
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	<b>92,714</b>
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	<b>0</b>
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	<b>19,127</b>
	<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	<b>0</b>
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	<b>111,841</b>
Net Assets	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>18</b>	<b>-44,802</b>
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	<b>144,213</b>
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	<b>0</b>
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	<b>99,411</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2024)

## 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 . . . . .	136,713	22 109,662
23	Land and buildings . . . . .	0	23 0
24	Other assets (describe in Schedule O) . . . . .	18,900	24 7,000
25	<b>Total assets</b> . . . . .	155,613	25 116,662
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .	11,400	26 17,251
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	144,213	27 99,411

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? **See Schedule O, Statement 1**

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

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

28	Promotion of Harbour Town through local print media and on the internet. Member businesses continue to see improved foot traffic and sales even with increased competition from new and revitalized commerce in (Continued on Schedule O, Statement 2)		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	28a	19,127
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 3)		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	29a	92,714
30			
	(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) . . . . .		
	(Grants \$ 0) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	31a	0
32	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	32	111,841

**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 . . . . . ☐

[illegible]



**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
<b>33</b> 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	<b>33</b>	✓
<b>34</b> 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	<b>34</b>	✓
<b>35a</b> 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>35a</b>	✓
<b>b</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	<b>35b</b>	
<b>c</b> 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	<b>35c</b>	✓
<b>36</b> 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	<b>36</b>	✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions	<b>37a</b>	0
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>	✓
<b>38a</b> 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>38a</b>	✓
<b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: _____; section 4912: _____; section 4955: _____		
<b>b</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	<b>40b</b>	
<b>c</b> 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		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> 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	<b>40e</b>	✓
<b>41</b> List the states with which a copy of this return is filed:		
<b>42a</b> 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</u> ZIP + 4 <u>29928</u>		
<b>b</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).	<b>42b</b>	✓
<b>c</b> 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: _____	<b>42c</b>	✓
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	<b>43</b>	
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44a</b>	✓
<b>b</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	<b>44b</b>	✓
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	<b>44c</b>	✓
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>45a</b>	✓
<b>b</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	<b>45b</b>	✓

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

	Yes	No
<b>46</b>		<input checked="" type="checkbox"/>

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

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

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

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

	Yes	No
<b>47</b>		

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

<b>48</b>		
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**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

<b>49a</b>		
------------	--	--

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

<b>49b</b>		
------------	--	--

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

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

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

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

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

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

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

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

<b>Sign Here</b>	Signature of officer		Date		
	Rob Bender, President Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

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

**Open to Public  
Inspection**

Name of the organization	Employer identification number
<b>HARBOUR TOWN MERCHANTS ASSOCIATION</b>	<b>27-3157127</b>

Form 990-EZ, Part II, Line 24 - Accounts Receivable

Form 990-EZ, Part II, Line 26 - Accounts Payable

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**Primary Exempt Purpose**

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**Primary Exempt Purpose**

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

First Program Service Accomplishments Description

Description

the local area. On average members' sales were up 6.9% from last year. In addition, there were no vacant retail space in Harbour Town as all space is occupied.

**Second Program Service Accomplishments Description**

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**Description**

---

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****2023**

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

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

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

<b>A</b> For the <b>2023</b> calendar year, or tax year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b>										
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>HARBOUR TOWN MERCHANTS ASSOCIATION</b></td> <td><b>D</b> Employer identification number <b>27-3157127</b></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>32 Greenwood Drive</b></td> <td><b>E</b> Telephone number <b>843-842-1824</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>Hilton Head Island, SC 29928</b></td> <td><b>F</b> Group Exemption Number</td> </tr> </table>	<b>C</b> Name of organization <b>HARBOUR TOWN MERCHANTS ASSOCIATION</b>		<b>D</b> Employer identification number <b>27-3157127</b>	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>32 Greenwood Drive</b>		<b>E</b> Telephone number <b>843-842-1824</b>	City or town, state or province, country, and ZIP or foreign postal code <b>Hilton Head Island, SC 29928</b>		<b>F</b> Group Exemption Number
<b>C</b> Name of organization <b>HARBOUR TOWN MERCHANTS ASSOCIATION</b>		<b>D</b> Employer identification number <b>27-3157127</b>								
Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>32 Greenwood Drive</b>		<b>E</b> Telephone number <b>843-842-1824</b>								
City or town, state or province, country, and ZIP or foreign postal code <b>Hilton Head Island, SC 29928</b>		<b>F</b> Group Exemption Number								
<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify): _____		<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990).								
<b>I</b> Website: _____										
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527										
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other: <b>Limited Liability Company</b>										
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. <span style="float:right">\$ <b>66,780</b></span>										

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

<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	0
	<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	0
	<b>3</b>	Membership dues and assessments	<b>3</b>	66,780
	<b>4</b>	Investment income	<b>4</b>	0
	<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	0
	<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	0
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	<b>5c</b>	0
	<b>6</b>	Gaming and fundraising events:		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	0
	<b>b</b>	Gross income from fundraising events (not including \$ <b>0</b> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	0
<b>c</b>	Less: direct expenses from gaming and fundraising events	<b>6c</b>	0	
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	0	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	0	
<b>b</b>	Less: cost of goods sold	<b>7b</b>	0	
<b>c</b>	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	<b>7c</b>	0	
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>	0	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	66,780	
<b>Expenses</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	0
	<b>11</b>	Benefits paid to or for members	<b>11</b>	0
	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	0
	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	56,254
	<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	0
	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	10,278
	<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	0
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	66,532
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 9)	<b>18</b>	248
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	143,965
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	0
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	144,213

**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 ☒

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

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III <input type="checkbox"/>	<b>Expenses</b>
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<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III <input type="checkbox"/>	<b>Expenses</b>
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Check if the organization used Schedule O to respond to any question in this Part III ☐ Expenses

<p>What is the organization's primary exempt purpose? <u>See Schedule O, Statement 1</u></p>	<p>(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>
<p>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.</p>	

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

**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 ☐

**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 ☐

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

Form 990-EZ (2023)



**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
<b>33</b> 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		✓
<b>34</b> 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		✓
<b>35a</b> 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>b</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		
<b>c</b> 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		✓
<b>36</b> 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		✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
<b>b</b> Did the organization file Form 1120-POL for this year?	37b	✓
<b>38a</b> 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	✓
<b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	39a	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	39b	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: ; section 4912: ; section 4955:		
<b>b</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	
<b>c</b> 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		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> 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	✓
<b>41</b> List the states with which a copy of this return is filed:		
<b>42a</b> 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</u> ZIP + 4 <u>29928</u>		
<b>b</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).	42b	✓
<b>c</b> 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	✓
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
<b>b</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	✓
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	44c	✓
<b>d</b> 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	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	✓

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

	Yes	No
<b>46</b>		<input checked="" type="checkbox"/>

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

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

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

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

	Yes	No
<b>47</b>		

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

<b>48</b>		
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- 49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

<b>49a</b>		
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- b** If "Yes," was the related organization a section 527 organization? . . . . .

<b>49b</b>		
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- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

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

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

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

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

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

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>Rob Bender, President</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

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

☐ Yes ☐ No

**SCHEDULE O  
(Form 990)**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**HARBOUR TOWN MERCHANTS ASSOCIATION**

Employer identification number

**27-3157127**

**Form 990-EZ, Part II, Line 24 - Accounts Receivable**

**Form 990-EZ, Part II, Line 26 - Accounts Payable**

**Primary Exempt Purpose**

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**Primary Exempt Purpose**

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

**First Program Service Accomplishments Description****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.

**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****Short Form**

OMB No. 1545-0047

**Return of Organization Exempt From Income Tax****2022**Department of the Treasury  
Internal Revenue Service

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

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

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

<b>A</b> For the 2022 calendar year, or tax year beginning		01/01/2022	and ending	12/31/2022
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HARBOUR TOWN MERCHANTS ASSOCIATION</b>		<b>D</b> Employer identification number <b>27-3157127</b>	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	
	<b>32 Greenwood Drive</b>			
	City or town, state or province, country, and ZIP or foreign postal code		<b>E</b> Telephone number <b>843-842-1824</b>	
	<b>Hilton Head Island, SC 29928</b>		<b>F</b> Group Exemption Number	
<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify): _____				
<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990).				
<b>I</b> Website: _____				
<b>J</b> 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				
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other: <u>Limited Liability Company</u>				
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . \$ <b>67,039</b>				

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)			
Check if the organization used Schedule O to respond to any question in this Part I . . . . . <input type="checkbox"/>			
<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	0
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	0
	<b>3</b>	Membership dues and assessments . . . . .	67,039
	<b>4</b>	Investment income . . . . .	0
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . . <b>5a</b>	0
	<b>b</b>	Less: cost or other basis and sales expenses . . . . . <b>5b</b>	0
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . . <b>5c</b>	0
	<b>6</b>	Gaming and fundraising events:	
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . <b>6a</b>	0
	<b>b</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) . . . . . <b>6b</b>	0
<b>c</b>	Less: direct expenses from gaming and fundraising events . . . . . <b>6c</b>	0	
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . <b>6d</b>	0	
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>7a</b>	0	
<b>b</b>	Less: cost of goods sold . . . . . <b>7b</b>	0	
<b>c</b>	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . . <b>7c</b>	0	
<b>8</b>	Other revenue (describe in Schedule O) . . . . . <b>8</b>	0	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . <b>9</b>	67,039	
<b>Expenses</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . . <b>10</b>	0
	<b>11</b>	Benefits paid to or for members . . . . . <b>11</b>	0
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . . <b>12</b>	0
	<b>13</b>	Professional fees and other payments to independent contractors . . . . . <b>13</b>	51,408
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . . <b>14</b>	0
	<b>15</b>	Printing, publications, postage, and shipping . . . . . <b>15</b>	10,993
	<b>16</b>	Other expenses (describe in Schedule O) . . . . . <b>16</b>	0
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . <b>17</b>	62,401	
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . . <b>18</b>	4,638
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . <b>19</b>	139,327
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . . <b>20</b>	0
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . <b>21</b>	143,965

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2022)

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) <u>See Schedule O, Statement 1.</u> . . . .	17,872	24 18,386
25	<b>Total assets</b> . . . . .	139,327	25 152,536
26	<b>Total liabilities</b> (describe in Schedule O) <u>See Schedule O, Statement 2.</u> . . . .	0	26 8,571
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must agree with line 21</b> ) . .	139,327	27 143,965

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instructions for Part III)
-----------------	---

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

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

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

## Expenses

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

28	Promotion of Harbour Town through local print media and on the Internet. Member businesses continue to see improved foot traffic and sales even with increased competition from new and revitalized commerce in (Continued on Schedule O, Statement 4) (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	28a	10,993
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	<b>Total program service expenses (add lines 28a through 31a) . . . . .</b>	<b>32</b>	<b>62,400</b>

Part IV	List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)	02	02/40
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Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]



**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
<b>33</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>34</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>35a</b> 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)? . . . . .		<input checked="" type="checkbox"/>
<b>b</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 . . . . .		
<b>c</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>36</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<input checked="" type="checkbox"/>
<b>38a</b> 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? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: _____; section 4912: _____; section 4955: _____		
<b>b</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 . . . . .		
<b>c</b> 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 . . . . .		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .		
<b>e</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed: _____		
<b>42a</b> 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>b</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).		<input checked="" type="checkbox"/>
<b>c</b> 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: _____		<input checked="" type="checkbox"/>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
<b>b</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 . . . . .		<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .		<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		<input checked="" type="checkbox"/>
<b>b</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 . . . . .		<input checked="" type="checkbox"/>

	Yes	No
<b>46</b> 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 . . . . .	<b>46</b>	<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
<b>47</b> 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 . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

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

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

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

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

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

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

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

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

<b>Sign Here</b>	Signature of officer <b>Rob Bender, President</b>		Date		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

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

**SCHEDULE O**  
**(Form 990)**

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](http://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

## Other Assets Structured Explanation

Description	EOY Amount
Accounts Receivable	18,386
<b>Total:</b>	<b>18,386</b>

Other Liabilities Structured Explanation

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

**Primary Exempt Purpose**

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**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****2021**

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

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2021 calendar year, or tax year beginning		01/01/2021	and ending	12/31/2021
<b>B</b> Check if applicable:		<b>C</b> Name of organization		<b>D</b> Employer identification number
<input type="checkbox"/> Address change		HARBOUR TOWN MERCHANTS ASSOCIATION		27-3157127
<input type="checkbox"/> Name change		Number and street (or P.O. box if mail is not delivered to street address)		<b>E</b> Telephone number
<input type="checkbox"/> Initial return		32 Greenwood Drive		843-842-1824
<input type="checkbox"/> Final return/terminated		Room/suite		
<input type="checkbox"/> Amended return		City or town, state or province, country, and ZIP or foreign postal code		<b>F</b> Group Exemption Number ▶
<input type="checkbox"/> Application pending		Hilton Head Island, SC 29928		
<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶				
<b>I</b> Website: ▶				
<b>J</b> 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				
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other <u>Limited Liability Company</u>				
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 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 ☐

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2021)

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

**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
<b>33</b> 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		✓
<b>34</b> 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		✓
<b>35a</b> 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>b</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		
<b>c</b> 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		✓
<b>36</b> 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		✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0		
<b>b</b> Did the organization file Form 1120-POL for this year?		✓
<b>38a</b> 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>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</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		
<b>c</b> 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 ▶		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
<b>e</b> 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		✓
<b>41</b> List the states with which a copy of this return is filed ▶		
<b>42a</b> The organization's books are in care of ▶ <b>Rob Bender</b> Telephone no. ▶ <b>843-842-1824</b> Located at ▶ <b>32 Greenwood Drive, Hilton Head Island, SC 29928-4510</b> ZIP + 4 ▶ <b>29928-4510</b>		
<b>b</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).		✓
<b>c</b> 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 ▶		✓
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
<b>b</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		✓
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		✓
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
<b>b</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 . . . . .

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

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

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

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

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

	Yes	No
47		
48		
49a		
49b		

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

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

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

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

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

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

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

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

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

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

☐ Yes ☐ No

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

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

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

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**HARBOUR TOWN MERCHANTS ASSOCIATION**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

**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.