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## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury

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

Open to Public Inspection

JUL 1, 2021 and ending JUN 30, A For the 2021 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change TOWN HALL ASSOCIATION Name change 91-1910904 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 720 SENECA ST, SUITE A 206-652-4255 termin-ated 4,704,103. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA Amended 98101 H(a) Is this a group return Applica-F Name and address of principal officer: CAROLINE VANHARMELEN Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.TOWNHALLSEATTLE.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association L Year of formation: 1998 M State of legal domicile: WA Part I Summary Briefly describe the organization's mission or most significant activities: AN INCLUSIVE AND AFFORDABLE HOME Activities & Governance FOR ARTS, CIVIC, SCIENCE, AND WORLD CULTURAL PROGRAMMING. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 18 Number of voting members of the governing body (Part VI, line 1a) 18 Number of independent voting members of the governing body (Part VI, line 1b) <u>50</u> 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 2,243,562. 3,899,546. Contributions and grants (Part VIII, line 1h) Revenue 156,470. 591,068. Program service revenue (Part VIII, line 2g) 3,328. 37,451. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -26.9770. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,376,383 4,528,065. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ Ō. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,183,272. 1,615,899. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,158,915. 2,817,839. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,433,738. 94,327. 3,342,187. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -965,804 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 36,534,804. 37,283,818. 20 Total assets (Part X, line 16) 2,587,494. 2,694,357. 21 Total liabilities (Part X, line 26) 34,589,461**.** 33,947,310**.** 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign CAROLINE VANHARMELEN, BOARD PRESIDENT Here Type or print name and title PTIN Preparer's signature Print/Type preparer's name if self-employed HOWARD DONKIN, CPA HOWARD DONKIN, CPA 04/28/23 P00147726 Paid Firm's EIN ▶ 91-2011386 JACOBSON JARVIS & CO, PLLC Preparer Firm's name Firm's address > 200 FIRST AVE WEST, SUITE 200 Use Only SEATTLE, WA 98119-4219 Phone no. (206) - 628 - 8990X Yes No May the IRS discuss this return with the preparer shown above? See instructions

Pa	of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
•	A VIBRANT GATHERING PLACE IN THE HEART OF SEATTLE, TOWN HALL FO	STERS
	AN ENGAGED COMMUNITY THROUGH CIVIC, ARTS, AND EDUCATIONAL PROGR.	
	THAT REFLECT - AND INSPIRE - OUR REGION'S BEST IMPULSES: CREATI	
	EMPATHY, AND THE BELIEF THAT WE ALL DESERVE A VOICE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by e.	vnoncoo
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	
	revenue, if any, for each program service reported.	orioos, aria
4a		197 <b>,</b> 455.)
	TOWN HALL PRODUCTIONS: TOWN HALL SEATTLE TYPICALLY PRODUCES 200	
	PROGRAMS ANNUALLY, SPANNING SCIENCE, CIVICS, THE ARTS, AND CULT	
	FROM CHAMBER, WORLD, AND FAMILY CONCERTS TO PUBLIC POLICY FORUM	
	SCIENTIFIC DISCOVERY, TOWN HALL'S SEASON IS A PRESENT-TENSE REF. OF LIFE ON THE PUGET SOUND. WITH WIDE-OPEN DOORS AND DEEPLY AFF	
	TICKET PRICES, TOWN HALL IS WHERE OUR COMMUNITY COMES TOGETHER	
	INFORMED AND INSPIRED, AND TO CONSIDER THE FUTURE OF OUR CITY.	
	CLOSING OUR DOORS IN MARCH 2020, WE MADE A STRATEGIC DECISION TO	
	WELCOME PATRONS BACK TO THE BUILDING IN FY22.	
	1 225 202	393,613.)
4b	(Code: ) (Expenses \$ 1,325,383. including grants of \$ ) (Revenue \$ TOWN HALL SEATTLE IS A SHARED RESOURCE FOR NEARLY 90 COMMUNITY	393,013.
	ORGANIZATIONS THAT RELY ON THE FACILITY AS AN AFFORDABLE PERFOR	MANCE
	AND MEETING HOME, AS WELL AS A SOURCE OF PRODUCTION AND PROMOTION	
	SUPPORT. 183 RENTALS WERE HOSTED WHEN THE BUILDING RE-OPENED IN	FY22.
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$}	
<u>4e</u>	Total program service expenses ▶ 3,169,832.	Form <b>990</b> (2021)
		1 01111 330 (2021)

# Form 990 (2021) TOWN HALL ASSOCIATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		x
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	•		
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

# Form 990 (2021) TOWN HALL ASSOCIAT Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١.,		x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
А	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	200		<del></del>
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			Х
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA		<del>                                     </del>
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	005		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ıd h	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 57  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C.	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	Х	

021) TOWN HALL ASSOCIATION

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

					Yes	No				
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		F.0							
	filed for the calendar year ending with or within the year covered by this return	2a	50	2b	Х					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions			2-		Х				
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3a 3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
44	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		Х				
h	If "Yes," enter the name of the foreign country	accou	iity:	Ta						
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х				
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?			6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts							
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			,,				
	to file Form 8282?		 I	7с		X				
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		v				
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file.			7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/11						
Ü	sponsoring organizations maintaining donor davised rands. Bid a donor advised rand maintained by the									
9	Sponsoring organizations maintaining donor advised funds.			8						
а	Didd			9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:		•							
а	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		r 	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			13a						
u	Note: See the instructions for additional information the organization must report on Schedule O.			IOu						
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
-	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or							
	excess parachute payment(s) during the year?			15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		X				
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
	<u> </u>		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year all 18									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 18									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1								
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3	Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5										
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	· · · · · · · · · · · · · · · · · · ·		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b										
12a										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►WA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only	) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.	,	-							
	X Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finai	ncial							
=	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
-	MORGAN LARSEN - 480-241-2350									
	720 SENECA ST, SUITE A, SEATTLE, WA 98101									

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

(A)	(B)	Τ		((	C)	•		(D)	(E)	(F)
Name and title	Average hours per week	box offi	not c , unle cer an	ss pe	more rson i	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JULIAN WIER HARMAN III	40.00	1		,,				00 426	0	F 010
EXECUTIVE DIRECTOR	14.00			Х				98,436.	0.	5,918.
(2) MORGAN LARSEN	14.00	-		,,				20 204	0	0
FINANCE DIRECTOR	4 00	_		Х				39,394.	0.	0.
(3) CAROLINE VANHARMELEN	4.00	٠,,		,,					0	0
PRESIDENT	4 00	Х		Х				0.	0.	0.
(4) ANITA MIRES	4.00	X		х				0.	0.	0.
VICE PRESIDENT (5) BILL RIVES	4.00	^		Δ				0.	0.	<u> </u>
(5) BILL RIVES TREASURER	4.00	X		х				0.	0.	0.
(6) KATHERINE DEBRUYN	4.00	^		^				0.	0.	0.
SECRETARY	4.00	X		х				0.	0.	0.
(7) SHEENA AEBIG	1.00	<u> </u>		Δ				0.	· ·	<u> </u>
BOARD MEMBER	1.00	X						0.	0.	0.
(8) DONNA BELLEW	1.00	122							•	
BOARD MEMBER	1100	$\mathbf{x}$						0.	0.	0.
(9) KATE BROSTOFF	1.00	╫						•		
BOARD MEMBER		x						0.	0.	0.
(10) AMISH DAVE	1.00							-		
BOARD MEMBER		x						0.	0.	0.
(11) MIKE JAMES	1.00									
BOARD MEMBER		X						0.	0.	0.
(12) JENNIFER LEE	1.00									
BOARD MEMBER		X						0.	0.	0.
(13) YAZMIN MEHDI	1.00									
BOARD MEMBER		X						0.	0.	0.
(14) TYLER PETRI	1.00									
BOARD MEMBER		X						0.	0.	0.
(15) DEBORAH PERSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) CLINT PEHRSON	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(17) UMA RAGHAVAN	1.00									-
BOARD MEMBER		Х						0.	0.	0.

91-1910904

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continue)  (A) (B) (C) (D)								(E)		(F	)	
Name and title	Average	verage Po		Position				Reportable	Reportable		Estim	
Name and title	hours per	(do not check more					· .	compensation		amou		
	week	officer and a director/trustee					from	from related		oth		
	(list any	stor			the	organizations		comper				
	hours for	dire				pa		organization	(W-2/1099-MISC	/	from	
	related	tee oi	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		organiz	zation
	organizations	l trus	nal tr		oyee	dwo		1099-NEC)			and re	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiz	ations
	line)	Pu	lus	0#i	Key	Hig	For			_		
(18) MARJORIE RINGNESS	1.00	١,,								,		^
BOARD MEMBER	1 00	Х	-			1		0.	(	٥.		0.
(19) TOM ROBERTSON	1.00	١								,		•
BOARD MEMBER	1 00	Х						0.	(	٥.		0.
(20) TRAMALE TURNER	1.00	↓										•
BOARD MEMBER		Х						0.	(	) •		0.
		1										
1h Subtotal								137,830.		o .	5.	918
1b Subtotal c Total from continuation sheets to Part V								0.		<b>3.</b>	<u> </u>	0.
								137,830.		5.	5	918.
d Total (add lines 1b and 1c)  Total number of individuals (including but							20 1	· · · · · · · · · · · · · · · · · · ·		<b>J</b> •	<u> </u>	<u> </u>
- · · · · · · · · · · · · · · · · · · ·	not ilmited to tr	1056	IISL	eu ai	DOV	e) wi	101	eceived more than \$100	,000 of reportable			(
compensation from the organization											Ye	
O Diel the annualization list and forman office									.1	Г	10	3 140
3 Did the organization list any <b>former</b> officer			•		•	-	•		•			₩
line 1a? If "Yes," complete Schedule J for											3	X
4 For any individual listed on line 1a, is the s												37
and related organizations greater than \$15											4	X
5 Did any person listed on line 1a receive or	=				-			ted organization or indiv	idual for services			
rendered to the organization? If "Yes," con	nplete Schedul	e J i	for s	uch ,	pers	son .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	ompensated in	dep	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of comp	ensa	ation fron	1
the organization. Report compensation for	the calendar y	ear/	end	ng v	vith	or w	<u>ithi</u>	n the organization's tax	year.			
(A)								(B)		_	(C)	
Name and business	s address	N	ON	<u> </u>				Description of s	services	C	ompensa	tion
							П					
2 Total number of independent contractors	(including but r	not li	mite	d to	tho	se li	stec	d above) who received m	nore than			
\$100,000 of compensation from the organ						0						
	-										Corm 00	<u></u>

Form 990 (2021) TOWN HAD Part VIII Statement of Revenue

			Check if Schedule O contains a response	e or note to any lir	ne in this Part VIII			
			'	<u> </u>	(A)	(B)	(C)	_ (D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
σω								000110110 0 12 0 1 1
			Federated campaigns 1a					
윤리			Membership dues 1b					
ŁŞ,		С	Fundraising events 1c					
후	(	d	Related organizations 1d					
ï,		е	Government grants (contributions) 1e	458,471.				
Contributions, Gifts, Grants and Other Similar Amounts	1	f	All other contributions, gifts, grants, and					
절			similar amounts not included above   1f   3	,441,075.				
<u></u>			Noncash contributions included in lines 1a-1f 1g \$	443,338.				
징필		_	Total. Add lines 1a-1f		3,899,546.			
<del>-</del>		<u>''</u>	Total: Add lines 12 11	Business Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
.	_	_	FACILITY RENTAL	531110	393,613.	393,613.		
<u>ş</u>	2		TICKET SALES	711300	197,455.	197,455.		
ne P		b	TICKET SALES	/11300	197,433.	197,433.		
n S	(	С						
ĕ ā		d						
Program Service Revenue	(	е						
<u>-</u>	1	f	All other program service revenue					
	,	g	Total. Add lines 2a-2f		591,068.			
	3		Investment income (including dividends, inte					
			other similar amounts)	38,156.			38,156.	
	4		Income from investment of tax-exempt bond		,			,
	5		•	-				
	3		Royalties	(ii) Personal				
	_		.,,	(II) Fersonal				
			Gross rents 6a					
			Less: rental expenses 6b					
	•	С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities					
			assets other than inventory $ _{7a}$ $ _{175,333}$	•				
		b	Less: cost or other basis					
ne			and sales expenses					
Other Revenue		С	Gain or (loss) 7c -705	•				
Ę			Net gain or (loss)		-705.			-705.
ē			Gross income from fundraising events (not					, , ,
둦	0		•					
١			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8	- 1				
			Net income or (loss) from fundraising events	<b>_</b>				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	a				
		b	Less: direct expenses 9	ь				
		С	Net income or (loss) from gaming activities	<b>&gt;</b>				
			Gross sales of inventory, less returns					
			and allowances 10	)a				
			Less: cost of goods sold 10					
			J					
$\overline{}$	- '	<u>.                                    </u>	Net income or (loss) from sales of inventory					
sn				Business Code				
ne ge	11 :							
Miscellaneous Revenue	١	b						
3e		С						
Ξ Signal			All other revenue					
		е	Total. Add lines 11a-11d	<b>&gt;</b>				
	12		Total revenue. See instructions		4,528,065.	591,068.	0.	37,451.

# Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		onponioco	денения ежреннее	57,5511355
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	254,991.	68,003.	139,095.	47,893.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,123,956.	528,573.	337,073.	258,310.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	20 150		20 550	40.040
9	Other employee benefits	90,456.	50,987.	20,559.	18,910.
10	Payroll taxes	146,496.	71,950.	46,856.	27,690.
11	Fees for services (nonemployees):	65 536		65 536	
а	Management	65,536.	22 520	65,536.	0.606
	Legal	47,546.	33,739.	5,201.	8,606.
	Accounting	32,575.	21,892.	4,787.	5,896.
	Lobbying				
	Professional fundraising services. See Part IV, line 17	20,978.	14,098.	3,083.	3,797.
f	Investment management fees	20,970.	14,090.	3,003.	3,191.
g	Other. (If line 11g amount exceeds 10% of line 25,	143,678.	114,998.	20,980.	7 700
	column (A), amount, list line 11g expenses on Sch O.)	115,317.	30,420.	65,748.	7,700.
12	Advertising and promotion	57,386.	14,299.	35,591.	7,496.
13	Office expenses	37,300.	14,233.	33,391.	7,430.
14	Information technology				
15	Royalties	232,527.	201,850.	14,669.	16,008.
16	Occupancy	17,470.	3,593.	11,225.	2,652.
17	Travel	17,1700	3,333.	11,225	2,032.
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials  Conferences, conventions, and meetings	4,686.	135.	2,842.	1,709.
20		81,623.	81,623.		
21	Payments to affiliates	,	,		
22	Depreciation, depletion, and amortization	1,403,631.	1,403,631.		
23	Insurance	39,136.	36,747.	2,389.	
24	Other expenses. Itemize expenses not covered			,	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PRODUCTION EXPENSES	491,403.	486,143.	2,978.	2,282.
b	DONOR CULTIVATION	38,982.			38,982.
С	MISCELLANEOUS	25,365.	7,151.	18,214.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,433,738.	3,169,832.	796,826.	467,080.
26	Joint costs. Complete this line only if the organization	_			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)				F 000 (2024)

Form 990 (2021)
Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,173,851.	1	288,843.
	2	Savings and temporary cash investments	552,112.	2	365,631.
	3	Pledges and grants receivable, net	84,847.	3	165,690.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges	19,189.	9	39,473.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 35,383,883.			
	b	Less: accumulated depreciation 10b 5,261,231.	31,526,283.	10c	30,122,652.
	11	Investments - publicly traded securities	3,859,793.	11	5,484,772.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	67,743.	15	67,743.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	37,283,818.	16	36,534,804.
	17	Accounts payable and accrued expenses	207,510.	17	309,557.
	18	Grants payable		18	
	19	Deferred revenue	23,825.	19	49,659.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties	2,318,777.	23	2,228,278.
	24	Unsecured notes and loans payable to unrelated third parties	144,245.	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.604.255	25	0 505 404
	26	Total liabilities. Add lines 17 through 25	2,694,357.	26	2,587,494.
Ś		Organizations that follow FASB ASC 958, check here ▶ X			
nce		and complete lines 27, 28, 32, and 33.	20 126 140		20 240 025
ala	27	Net assets without donor restrictions	32,136,149.	27	30,248,835.
d B	28	Net assets with donor restrictions	2,453,312.	28	3,698,475.
ڌ		Organizations that do not follow FASB ASC 958, check here			
Ρ		and complete lines 29 through 33.			
ts (	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	24 500 461	31	22 047 212
ž	32	Total net assets or fund balances	34,589,461.	32	33,947,310.
	33	Total liabilities and net assets/fund balances	37,283,818.	33	36,534,804.

Form **990** (2021)

orm	1990 (2021) TOWN HALL ASSOCIATION	91-15	110904	Pac	ge <b>12</b>				
	t XI Reconciliation of Net Assets			`					
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,52						
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,43	3,7 4,3					
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5	-73	6,4	78.				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	33,94	7,3	10.				
Pa	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si								
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits								
			Form	<b>990</b> (	2021)				

132012 12-09-21

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number TOWN HALL ASSOCIATION 91-1910904 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	71		,			
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		,	, ,	,	,	( )
	membership fees received. (Do not						
	include any "unusual grants.")	6,639,936.	13,841,753.	5,181,374.	2,243,562.	3,899,546.	31,806,171.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,639,936.	13,841,753.	5,181,374.	2,243,562.	3,899,546.	31,806,171.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						7,016,883.
	Public support. Subtract line 5 from line 4.						24,789,288.
	ction B. Total Support	1		I			
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	6,639,936.	13,841,753.	5,181,374.	2,243,562.	3,899,546.	31,806,171.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	47,003.	90,845.	112,812.	3,328.	38,156.	202 144
_	and income from similar sources	47,003.	90,045.	112,012.	3,340.	30,130.	292,144.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)	61,045.					61,045.
11	Total support. Add lines 7 through 10	01,013.					32,159,360.
12		etc (see instruction	one)			12 1	,897,614.
	First 5 years. If the Form 990 is for the	•		fourth or fifth tax v			703770110
10	organization, check this box and <b>stor</b>			•		,	ightharpoonup
Sec	ction C. Computation of Publ						
	Public support percentage for 2021 (			column (fl)		14	77.08 %
	Public support percentage from 2020					15	78.20 %
	33 1/3% support test - 2021. If the o					<u> </u>	
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and <b>stop here.</b> The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to						
b	10% -facts-and-circumstances tes	-			-		
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	eck this box and <b>st</b>	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s ▶

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-						
	iness under section 513						
4							
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
7 6	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	·	(-) 0017	(h) 0010	/s) 0010	(4) 0000	(=) 0001	(6) Tatal
	endar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6  Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
K	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
'''	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	-			•		ion,
<del>-</del>		is Orange and De					<u></u>
	ction C. Computation of Publ			. (2)		11	
	Public support percentage for 2021 (					15	<u>%</u>
	Public support percentage from 2020					16	<u>%</u>
	ction D. Computation of Inve					1 1	
17	Investment income percentage for 20					17	<u>%</u>
18						18	%
19a	a 33 1/3% support tests - 2021. If the						17 is not
	more than 33 1/3%, check this box a						▶□
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### **Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
_		
3с		
4-		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_		in Part VI.	11c		
Sec		3. Type I Supporting Organizations			
		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	prization, describe now the powers to appoint and/or remove officers, directors, or trustees were allocated among the ported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported	-		
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
		<i>y</i> 11 0 0		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec		D. All Type III Supporting Organizations	•		
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
_		cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea <b>(see instructions)</b> .			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Suppor	ting Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.	
Section	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functio	nally integrate	ed Type III supporting org	anization (see

Schedule A (Form 990) 2021

instructions).

Sche	dule A (Form 990) 2021 TOWN HALL ASS				1-1910904 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(contini</sub>	ued)	
Sect	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				

Schedule A (Form 990) 2021

and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

7 Excess distributions carryover to 2022. Add lines 3j

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV. Section A. lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV. Section B. lines 1 and 2; Part IV. Section C.
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

## **Schedule B** (Form 990)

**Schedule of Contributors** 

Name of the organization

▶ Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number

	TOWN HALL ASSOCIATION 91-1910904					
Organiz	ation type (check or	ne):				
Filers of	:	Section:				
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special F	ule. See instructions.			
General	Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.				
Special	Rules					
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, at the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) line 1. Complete Parts I and II.	and that received from any one			
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{1}{2} \]					
answer '	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must inswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify hat it doesn't meet the filing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

# TOWN HALL ASSOCIATION

91-1910904

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4	Name, address, and Zir + +	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# TOWN HALL ASSOCIATION

91-1910904

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	120 SHARES \$AMZN	_	
		\$\$	06/30/22
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
100450 11 11			Sahadula D (Farra 000) (0004)

Schedule B (Form 990) (2021) Name of organization Employer identification number TOWN HALL ASSOCIATION 91-1910904 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from Part I

(b) Purpose of gift

(c) Use of gift

(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from

Part I

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TOWN HALL ASSOCIATION

**Employer identification number** 91-1910904

Pa	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		2
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No
Pa			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservati	ion easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that describes the
_	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fur	rtherance of public
	service, provide in Part XIII the text of the footnote to its finar	icial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treat	,	gain, provide
	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

	edule D (Form 990) 2021 TOWN HALL ASSOCIATION						1910904	
Par	t III   Organizations Maintaining C	collections of Ar	t, Historical	Treasures,	or Othe	er Similar A	ssets(continued	d)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of	the following th	nat make s	significant use	of its	
	collection items (check all that apply):							
а	Yublic exhibition	d	Loan or	exchange prog	gram			
b	Scholarly research	е	Other_					
С	X Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	n how they furth	er the organiza	ation's exe	mpt purpose ir	n Part XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical	treasures, or o	ther simila	r assets		
	to be sold to raise funds rather than to be ma							X No
Par	t IV Escrow and Custodial Arran		te if the organiz	ation answered	d "Yes" on	r Form 990, Par	t IV, line 9, or	
	reported an amount on Form 990, Pai							
1a	Is the organization an agent, trustee, custod							_
	on Form 990, Part X?						_ L Yes L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
							Amount	
	Beginning balance							
	Additions during the year							
е	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on Fe					•	∴ L Yes	No
	If "Yes," explain the arrangement in Part XIII.						L	
Par	Tt V Endowment Funds. Complete in					(d) Three years	back (e) Four yea	re hack
		(a) Current year	(b) Prior year					
	Beginning of year balance	2,453,312.	2,435,3	33. 2,4	94,330.	40,9		8,544.
	Contributions	1,666,606.	17.0	7.0	E0 007	2,400,0		2 250
	Net investment earnings, gains, and losses	-421,443.	17,9	79. –	58,997.	53,4	127.	2,359.
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs			-				
	Administrative expenses	3,698,475.	2,453,3	12 2 4	35,333.	2,494,3	330 4	0,903.
g	End of year balance				33,333.	2,434,	550.	0,903.
2	Board designated or quasi-endowment	• 0000	e (iirie 1g, coluit %	in (a)) neid as.				
	Permanent endowment 100.0000	%						
	Term endowment   .0000							
·	The percentages on lines 2a, 2b, and 2c sho	, <del>-</del>						
32	Are there endowment funds not in the posse	•	ation that are he	ld and adminis	tared for t	he organization	,	
ou	by:	SSION OF THE ORGANIZE	mon mar are ne	id and adminis	itorea for t	ine organization	Ye	s No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						······	X
b	If "Yes" on line 3a(ii), are the related organization							+
4	Describe in Part XIII the intended uses of the			•••				
_	t VI Land, Buildings, and Equipm		William Tarias.					
	Complete if the organization answere		, Part IV, line 11	a. See Form 9	90, Part X,	, line 10.		
	Description of property	(a) Cost or ot	- I	ost or other		ccumulated	(d) Book va	alue
	e-e-e	basis (investm		sis (other)	1 ' '	preciation	(=, =====	
1a	Land	<u> </u>	,	<del>265,730</del>			3,265,	730.
	Buildings			034,148		869,717.		
	Leasehold improvements			<del>-</del>	1	<u>-</u>		
	Equipment		1,	590,234	. 1,0	058,395.	531,	839.
_	Othor		<u> </u>	<u> 493 771 </u>	<u>. 1                                   </u>	333 119		652.

Schedule D (Form 990) 2021

30,122,652.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2021 TOWN HALL AS	POCTATION	91	-1910904 Page
Part VII Investments - Other Securities.	on Form 000 Dort IV line	11h Coo Form 000 Port V line 10	
Complete if the organization answered "Yes" o  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(1) Financial derivatives	(b) Book value	(c) Mothod of Valuation. Cost of Chic	Tor your market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	(1) 5
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15\		
Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" o	on Form 990 Part IV line	a 110 or 11f Soo Form 990 Part V line 25	
(-) December of the little	orr orri 990, r art iv, iire	The Grant See Form 990, Fart X, line 25	(b) Book value
<del>"</del>			(S) DOOK VAIGO
(1) Federal income taxes			
(2)			
(4)			
(4)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2021

(6) (7) (8)

Sche	dule D (Form 990) 2021 TOWN HALL ASSOCIATION			91-:	1910904 <sub>Page</sub> 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents Wit	h Revenue per R	eturr	١.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,780,360.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments		-736,478.		
b	Donated services and use of facilities		9,750.		
	Recoveries of prior year grants	··			
d	Other (Describe in Part XIII.)	2d			F06 F00
	Add lines 2a through 2d			2e	-726,728.
3	Subtract line <b>2e</b> from line <b>1</b>			3	4,507,088.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		00 000		
	Investment expenses not included on Form 990, Part VIII, line 7b		20,977.		
	Other (Describe in Part XIII.)				00 000
С	Add lines 4a and 4b			4c	20,977
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,528,065.
Par	T XII Reconciliation of Expenses per Audited Financial Staten		tn Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				/ /OO E11
1	Total expenses and losses per audited financial statements			1	4,422,511.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	0.750		
	Donated services and use of facilities		9,750.	-	
	Prior year adjustments			-	
	Other losses			-	
	Other (Describe in Part XIII.)				0.750
	Add lines 2a through 2d			2e	9,750. 4,412,761.
	Subtract line 2e from line 1			3	4,414,701
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	20 077		
	Investment expenses not included on Form 990, Part VIII, line 7b		20,977.		
	Other (Describe in Part XIII.)				20,977.
	Add lines 4a and 4b			4c	4,433,738
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,433,730
	t XIII Supplemental Information.		101 5 11/11		V. "
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional to the complete this part to the complete the complete this part to the complete t			4; Part	X, line 2; Part XI,
PAF	RT III, LINE 4:				
A S	SINGLE PIECE OF SCULPTURAL ARTWORK WAS DON	NATED '	TO TOWN HAL	L O	N MAY 16,
201	13 BY THE ARTIST MARITA DINGUS. A SINGLE E	PIECE (	OF PHOTOGRA	PHI(	C ARTWORK
WAS	S DONATED TO TOWN HALL ON JULY 9, 2015 BY	THE A	RTIST JUAN	ALO	NSO
ROI	DRIGUEZ. A SCULPTURE BY BRADLEY SWEEK AND	SARAH	GALVIN WAS	COI	MMISSIONED
FOF	R TOWN HALL'S SW STAIRWELL AND WAS COMPLET	TED IN	MAY 2019.	JUAI	N
ALC	ONSO-RODRIGUEZ DONATED TWO PIECES OF PHOTO	OGRAPH	IC ARTWORK	ON I	DECEMBER

### PART V, LINE 4:

SUPPORT OF GENERAL OPERATIONS.

17, 2020.

Schedule D (Form 990) 2021	TOWN HALL ASSOCIATION	91-1910904 Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental Ir	nformation (continued)	

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization TOWN HALL ASSOCIATION Employer identification number 91-1910904

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	4	444,338.	CLOSING PRI	CE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other $_{\dots}$							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part V, [	Donee Acknowledg	gement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive b	•		•	•			
	must hold for at least three years from the dat							37
	exempt purposes for the entire holding period	?				30a		X
	If "Yes," describe the arrangement in Part II.							37
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?					31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?					32a	х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	ty for which column (a) is che	ecked,			
	describe in Part II.							
$I \sqcup \Delta$	For Panerwork Reduction Act Notice see	the Instruc	tions for Form 00	no.	Schedule M	/ / C a w	۰ ۵۵۸۱	2021

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

TOWN HALL ASSOCIATION

Employer identification number 91-1910904

FORM 990, PART VI, SECTION A, LINE 3:

BEGINNING IN APRIL 2022, TOWN HALL HIRED A CONSULTANT FROM VALTAS GROUP TO ACT AS AN INTERIM DEPUTY DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 WAS EMAILED TO EACH MEMBER OF THE BOARD, SOLICITING QUESTIONS AND COMMENTS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR AT THE ANNUAL MEETING, CONFLICT OF INTEREST STATEMENTS ARE

DISTRIBUTED TO EACH MEMBER OF THE BOARD FOR COMPLETION AND SIGNATURE. IN

THE EVENT OF A CONFLICT OF INTEREST, SUCH MEMBERS ANNOUNCE THEIR CONFLICT

AND REFRAIN FROM DISCUSSION AND VOTING ON THE ISSUE IN QUESTION.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS HIRES AND CONTRACTS FOR THE SERVICES OF THE

EXECUTIVE DIRECTOR. SALARIES OF ALL OTHER EMPLOYEES ARE APPROVED BY THE

BOARD THROUGH THE ANNUAL BUDGET PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MAINTAINED ON SITE AND MADE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS THAT THE FINANCE COMMITTEE USES TO REVIEW THE AUDITED

FINANCIAL STATEMENTS AND TO SELECT AN INDEPENDENT AUDITOR HAS NOT

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

Schedule O (Form 990) 2021