Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2022 calend	dar year, or tax year beginning	9 09/01/2022	and ending	l	08/31/2	023					
В	Check if	applicable:	C Name of organization PRETTY	BOY RECREATION COUN	CIL			D Emplo	oyer identification	number			
	Address	change	Doing business as						52-1071231				
П	Name ch	nange	Number and street (or P.O. box i	if mail is not delivered to street a	ddress)	Room/suit	е	E Teleph	none number				
$\overline{\Box}$	Initial ret	· ·	PO Box 518						410-887-1938				
$\overline{\Box}$		ırn/terminated	City or town, state or province, c	country, and ZIP or foreign posta	I code								
$\overline{\Box}$	Amende		Monkton, MD 21111	<i>y</i> ,				G Gross	receipts \$	329,317			
$\overline{\Box}$		ion pending	F Name and address of principal of	fficer: Glen Baer		H(a)	Is this a grou	up return fo	or subordinates? Y	es V No			
		p	19617 Middletown Road, Free			1	_	subordinates included? Yes No					
ī	Tax-exe	mpt status:	✓ 501(c)(3) 501(c) (7(a)(1) or 52			ach a list. See instructions.					
	Website	· ·	ettyboyrecreationcouncil.com	, , , , , , , , , , , , , , , , , , ,				oup exemption number					
K			Corporation Trust Associa	ation Other	L Year of for				of legal domicile:	MD			
_	art I	Summa					1771	οιαιο		IVID			
_	1		scribe the organization's miss	sion or most significant a	ctivities: To n	rovide rec	reations	Lonnor	tunities for chil	dron			
Ф					uren								
Ju C			in the Prettyboy Elementary S nt of Parks and Recreation a va										
Ĕ	2		s box \Box if the organization of										
ŏ	3		f voting members of the gove	·	-			3	s riet assets.	-			
G			f independent voting membe	• • •	•	 1b\		4					
Se Se	4					10)		-		5			
Ĭ	5		ber of individuals employed i		•			5		0			
Activities & Governance	6		ber of volunteers (estimate if	= :				6		40			
٩	7a		lated business revenue from					7a		0			
_	b	Net unrelat	ted business taxable income	e from Form 990-1, Part I,	iine II			7b		0			
Revenue		0 4 11 41 -	(Daut VIII - Eas	41.\			Prior Year	0	Current Ye				
	8	Contributions and grants (Part VIII, line 1h)								756			
	9	-	service revenue (Part VIII, line	23	30,117		327,442						
Вè	10		t income (Part VIII, column (A					141		1,119			
	11		enue (Part VIII, column (A), lin		0		0						
	12		nue—add lines 8 through 11 (r	23	230,258 329,317								
	13		d similar amounts paid (Part		0 0								
	14	-	aid to or for members (Part I)					0					
es	15		ther compensation, employee		0 0								
Expenses	16a		nal fundraising fees (Part IX, c					0		0			
ă	b		raising expenses (Part IX, co										
ш	17	-	enses (Part IX, column (A), lin				15	50,528		313,993			
	18	Total expe	enses. Add lines 13–17 (must	equal Part IX, column (A)), line 25) .		15	50,528		313,993			
	19	Revenue le	ess expenses. Subtract line 1	18 from line 12			7	79,730		15,324			
Net Assets or Fund Balances						Beginnin	g of Curre	nt Year	End of Ye	ar			
sets	20	Total asset	ts (Part X, line 16)				15	51,483		166,807			
t As	21	Total liabili	ities (Part X, line 26)					0		0			
울	22	Net assets	or fund balances. Subtract	line 21 from line 20 .			15	51,483		166,807			
Pa	art II	Signatu	ıre Block										
			, I declare that I have examined this						my knowledge and	belief, it is			
tru	e, correct	t, and complet	te. Declaration of preparer (other than	n officer) is based on all informat	ion of which prep	parer nas any	y knowlea(ge.					
٠.													
Si	-	Signature of	officer				Date						
He	ere	Glen Baer,	, President										
		Type or print	t name and title										
Pa	id	Print/Type	e preparer's name	Preparer's signature		Date		Check [if PTIN				
		, r						self-emp	oloyed				
	epare se Onl	L Lives's see	me				Firm's	EIN	<u>'</u>				
US	e UIII	Firm's add	dress				Phone	no.					
Ma	y the IF	RS discuss	this return with the preparer	shown above? See instru	ictions				. Yes	No			

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	_ _
1	Briefly describe the organization's mission:	_
•	To provide recreational opportunities for children and adults in the Prettyboy Elementary School area of Northern Baltimore county.	
	Working with the Baltimore County Department of Parks and Recreation a variety of sports, crafts and learning programs are	
	offered to the community	
	onered to the community	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
_	prior Form 990 or 990-EZ?	
	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?	
	If "Yes," describe these changes on Schedule O.	
4		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured lexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	the total expenses, and revenue, if any, for each program service reported.	ъ,
	the total expenses, and revenue, if any, for each program service reported.	
	(O I	_
4a	(Code:) (Expenses \$ 259,593 including grants of \$ 0) (Revenue \$ 273,473)	
	HomeBase Program children's before and after school program designed to provide educational and recreational opportunities.	
	Runs all year with approximately 40 to 60 participants and 4 volunteers	
4b	(Code:) (Expenses \$	_
	Baseball Program Children's recreational baseball program with instruction, practice and games in the spring and early summer.	
	Company approximately 90 mortisin anto with 20 yelluntors	
		_
4c	(Code:) (Expenses \$3,968 including grants of \$0) (Revenue \$13,455)	
	Basketbal Program Childrens recreational basketball program featuring instruction, practices and games that runs 10 to 12 weeks	
	in the Fall and Winter. Serves approximately 100 participants with approximately 20 volunteers.	
74	Other program services (Describe on Schedule O.) See Schedule O, Statement 1	-
4d		
40	(Expenses \$ 44,209 including grants of \$ 0) (Revenue \$ 35,277)	_
4e	Total program service expenses 311,571	

FOITH 990 (202	22)
Part IV	Checklist of Required Schedules

			res	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	~	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3		ν ν
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
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		·
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		·
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		~
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		<i>\</i>
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		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		,
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		,
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? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		~
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		~
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11e		<i>v</i>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		·
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		~
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		,
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		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		~
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		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
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		~

Part I	V 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		_
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? <i>If "Yes," complete Schedule J.</i>	23		,
24a	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			ĺ
	through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b	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 any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			ĺ
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
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			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		~
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		,
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		~
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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		_
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		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		~
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," 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? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		~
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		~
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	_	
Part '	· · · · · · · · · · · · · · · · · · ·	•		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	۔ ف		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a (
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_
b	If "Yes," enter the name of the foreign country	10.		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	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		,
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or 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 services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
لہ	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		~
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	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			
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:			
a	Gross income from members or shareholders	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
_ b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	IJa		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		
	excess parachute payment(s) during the year?	15		~
40	If "Yes," see the instructions and file Form 4720, Schedule N.	4.0		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		-
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
17	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 5 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 ~ 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b ~ 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 Section 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 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 16a v 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Upon request Other (explain on Schedule O) Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial 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. Patrick Rissmiller, (410)357-9233

Part VI

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, box 6 of 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.

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

☐ Check this box if heither the organization no	r any relate	a org	anız	atic	n c	ompe	ensa	ited any current (officer, director,	or trustee.
		(C)								
(A)	(B)	Position (do not check more than on						(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations	box, office or directo	x, unless icer and		rson	is both	n an	Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	Reportable compensation from related	Estimated amount of other compensation
	below dotted line)	rustee	ll trustee		yee	npensated				
Glen Baer	4.00	_								
President	0.00			~				0	0	0
Joel Gladfetter	2.00	-		١.						
Vice _President	0.00			~				0	0	0
Patrick Rissmiller	4.00									
Treasurer	0.00			~				0	0	0
Vacant	2.00									
Secretary	2.00			~				0	0	0
Vacant	2.00									
Corresponding Secretary	2.00			~				0	0	0
		-								

Part	VII Section A. Officers, Directors,	rustees, I	Key I	⊨mį			s, ar	a F	ilgnest Compe	nsated Emplo	oyees (continued)
	(A) Name and title	(B) Average hours	(C) Position (do not check more than box, unless person is both officer and a director/trus					n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
		per week (list any hours for related organizations below dotted line)	Individua or directo	a Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2 1099-MISC/ 1099-NEC)	compensation
1h	Subtotal								0		0
C	Total from continuation sheets to Part	VII, Sectio	n A								
d 2	Total number of individuals (including reportable compensation from the organi		limite	ed t	to t	hos	e lis	ted	above) who re	eceived more	
3	Did the organization list any former of		ector	tru	ıste	- k	ev e	mpl		st compensate	Yes No
4	employee on line 1a? If "Yes," complete so For any individual listed on line 1a, is the	Schedule J	for su	uch	indi	ivid	ual				3 🗸
-	organization and related organizations individual										
5	Did any person listed on line 1a receive of for services rendered to the organization								. •	tion or individua	
Secti	on B. Independent Contractors										
1	Complete this table for your five high compensation from the organization. Report										
	(A) Name and business add	ress							(B) Description of serv	vices .	(C) Compensation
None											
	Total number of independent agreement	ro (includia	20 b	.+	ot '	im:	od t		and listed share	a) who	
2	Total number of independent contractor received more than \$100,000 of compens						.eu ((וו כ	nose listed abov	e) WIIO	

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to an	y line in this Pa	ırt VIII		🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ς, ςı	1a	Federated campaigr	าร .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
င်္ခ ဧ	С	Fundraising events			1c	0				
rs,	d	Related organization			1d	0				
ੂੰ ਤੋਂ	е	Government grants			1e	0				
ns,	f	All other contribution								
育		and similar amounts not included above 1f		756						
ᅙᇎ	g	Noncash contributio	ns in	cluded in						
늘		lines 1a-1f			1g	\$ 0				
ු පු	h	Total. Add lines 1a-	1f .				756			
					Business Code					
Se	2a	HomeBase				624410	273,473	273,473	0	0
Program Service Revenue	b	Soccor				711211	20,744	20,744	0	0
gram Ser Revenue	С	Packethall				711211	13,455	13,455	0	0
eve	d	Coffball				711211	7,955	7,955	0	0
ي هر	е	Pacoball				711211	5,237	5,237	0	0
<u> </u>	f	All other program se					6,578	6,578	0	0
	g	Total. Add lines 2a-	2f .				327,442			
	3	Investment income		uding divi	dends	s, interest, and				
		other similar amounts)					1,119	1,119	0	0
	4	Income from investm	vestment of tax-exempt bo		nd proceeds	0	0	0	0	
	5	Royalties					0	0	0	0
				(i) Real		(ii) Personal				
	6a	Gross rents	6a		0	0				
	b	Less: rental expenses	6b		0	0				
	С	Rental income or (loss)	6с		0	0				
	d	Net rental income or	r (loss	3)			0	0	0	0
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets			0	0				
		other than inventory	7a			Ů				
ne	b	Less: cost or other basis								
Revenue		and sales expenses .	7b		0	0				
Ş.	С	Gain or (loss)	7c		0	0				
_	d	= : :					0	0	0	0
Other	8a	Gross income from		ndraising						
0		events (not including s		0						
		of contributions rep 1c). See Part IV, line			٠.	_				
		•			8a	0				
		Less: direct expense Net income or (loss)			8b	0				
	c 9a	Gross income fi			g eve	nis	0		0	0
	Ja	activities. See Part I			9a					
	h				9b	0				
		Less: direct expense Net income or (loss)				_	0	0	0	0
		Gross sales of in			LIVILIE	;5 	U	U	U	U
	104	returns and allowand			10a					
	b	Less: cost of goods			10a	0				
	C	Net income or (loss)					0	0	0	0
(0		140t indome or (idsa)	11 0111	Jaics Of III	1701110	Business Code	0	0	0	0
ŏ "	11a					2451000 0040				
scellaneo Revenue	b									
ella Vel	C									
Miscellaneous Revenue	d	All other revenue								
Σ		Total. Add lines 11a					0			
	12	Total revenue See			•		320 317	328 561	0	0

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 response	or note to any line	e in this Part IX .		🗹
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 .	0	0		
2	Grants and other assistance to domestic	-			
	individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign	U	U		
3					
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	0	0	0	0
6	Compensation not included above to disqualified	Ŭ	Ŭ	Ŭ	
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
		0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (nonemployees):		· ·		
	Management	_	_	_	^
a	-	0	0	0	0
b	Legal	0	0	0	0
С	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.) .	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses		0	_	
		2,111		2,111	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	311	0	311	0
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	0	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0		_	
		_	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	0	0	0	0
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 O.)				
а	Community Service	1,774	1,774	0	0
b	Bank Service Charge	465	465	0	0
		400	400	U	U
C					
d					
е	All other expenses	309,332	309,332	0	0
25	Total functional expenses. Add lines 1 through 24e	313,993	311,571	2,422	0
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 if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	t X		<u> U</u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	151,483	1	166,807
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	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	0	5	0
	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)	0	6	0
S	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
As	9	Prepaid expenses and deferred charges	0	9	0
•	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	151,483	16	166,807
_	17	Accounts payable and accrued expenses	0	_	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
'n	22	Loans and other payables to any current or former officer, director,	0	21	U
ţi		trustee, key employee, creator or founder, substantial contributor, or 35%			
þ		controlled entity or family member of any of these persons	0	22	0
Liabilities	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
_	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities (including federal income tax, payables to related third	U	24	0
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
	20	Organizations that follow FASB ASC 958, check here	<u> </u>	20	0
čě		and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions		28	
Þ	20	Organizations that do not follow FASB ASC 958, check here		20	
Ξ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	0	29	0
ts	30	Paid-in or capital surplus, or land, building, or equipment fund	0		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds .	151,483		166,807
Ę	32	Total net assets or fund balances	151,483		166,807
Ne	33	Total liabilities and net assets/fund balances			
_	J	TOTAL HADRINGS AND HEL ASSETS/TUND DAIGNICES	151,483		166,807

Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)			329	9,317
2	Total expenses (must equal Part IX, column (A), line 25)			313	3,993
3	Revenue less expenses. Subtract line 2 from line 1			15	5,324
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			151	1,483
5	Net unrealized gains (losses) on investments				0
6	Donated services and use of facilities				0
7	Investment expenses				0
8	Prior period adjustments				0
9	Other changes in net assets or fund balances (explain on Schedule O)				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))			166	6,807
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain	<u></u>			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 7	2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or			
	reviewed 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?	. 7	2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audited or	ı a			
	separate 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				
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	. :	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	on			
3a		the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	. ;	3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo t				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	<u>;</u>	3b	200	

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection

Employer identification number

		Y RECREATION COUNCIL					52-10		
	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The c	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1	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).)								
	 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 								
4	_	medical research organizationspital's name, city, and state	•	onjunction with a nosp	oitai desc	ribea in s	section 170(b)(1)(A)	(III). En	ter tne
5		ospital s hame, city, and state of organization operated for		oollogo or university	owned o	r operate	ad by a gavernment	ol unit	dogorihad in
5	se	ection 170(b)(1)(A)(iv). (Com	olete Part II.)			·		ai uiiii	described in
6		federal, state, or local govern							
7		n organization that normally			port from	a gover	nmental unit or fron	n the g	eneral public
		escribed in section 170(b)(1)							
8	_	community trust described in							
9		n agricultural research organ							
	ur	university or a non-land-gra niversity:		,	,		•		· ·
10	∠ Ar	n organization that normally receipts from activities related	eceives (1) more	than $33^{1}/3\%$ of its su	pport fro	m contrib	outions, membership	fees,	and gross
	re su	ceipts from activities related upport from gross investment	to its exempt full income and uni	nctions, subject to ce related business taxal	rταιη exc ble incon	eptions; a ne (less se	and (2) no more than ection 511 tax) from	busine	o ot its esses
	ac	equired by the organization a	fter June 30, 197	75. See section 509(a	a)(2). (Co	mplete Pa	art III.)		
11		n organization organized and	•	•	-				
12		n organization organized and	•		•		,		
		ne or more publicly supported							
	tn	e box on lines 12a through 12		• • • • • • • • • • • • • • • • • • • •			•		•
а		Type I. A supporting organ							
	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.								
				-					
b	Ш	Type II. A supporting organ							
		control or management of organization(s). You must				persons	that control or man	age the	e supported
_		Type III functionally integ	-	•		onnootio	n with and function	ally into	aratad with
С	Ш	its supported organization(any mie	grated with,
d		Type III non-functionally i	ntegrated. A su	pporting organization	operated	d in conn	ection with its suppo	orted o	rganization(s)
		that is not functionally integ	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	d an a	ttentiveness
		requirement (see instructio	ns). You must c	omplete Part IV, Sec	tions A	and D, ar	nd Part V.		
е		Check this box if the organ	ization received	a written determination	on from t	ne IRS th	at it is a Type I, Type	e II, Typ	oe III
		functionally integrated, or			oporting	organizat	ion.		
f		er the number of supported o	•						
g		vide the following information			1		1		
	(i) Nan	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10	, ,	organization ur governing	(v) Amount of monetary support (see		Amount of support (see
				above (see instructions))		ment?	instructions)		structions)
					Yes	N-	-		
					162	No			
(A)									
(B)									
(C)									
(D)									
(D)									
(E)									
Total									

Schedule A (Form 990) 2022 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 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) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) % Public support percentage from 2021 Schedule A, Part II, line 14 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2022 Page **3**

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.)

Section A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	257,468	137,548	63,688	238,250	329,617	1,026,571
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	237,400	0	03,000	230,230	327,017	1,020,371
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0		0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0
6	Total. Add lines 1 through 5	257,468	137,548	63,688	238,250	329,617	1,026,571
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
b	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	0	0	0	0	0	0
с 8	Public support. (Subtract line 7c from line 6.)	0	0	0	0	0	0
Secti	on B. Total Support						1,026,571
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	257,468	137,548	63,688	238,250	329,617	1,026,571
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	24	185	87	141	1,119	1,556
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	24	185	87	141	1,119	1,556
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	0	0	0	0	0	0
14	and 12.)	-			-	330,736 ear as a section	
Secti	on C. Computation of Public Suppor						<u> </u>
15	Public support percentage for 2022 (line 8			13, column (fl)		15	99.85 %
16	Public support percentage from 2021 Sch		•			16	99.95 %
	on D. Computation of Investment In					- 1	
17	Investment income percentage for 2022 (y line 13, colu	mn (f))	17	0.15 %
18	Investment income percentage from 2021					18	0.05 %
19a	331/3% support tests-2022. If the organ						
	17 is not more than 331/3%, check this box	_	_	-		_	_
b	331/3% support tests—2021. If the organiz line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di	d not chack a k	ooy on line 14	10a or 10h o	hack this hav	and see instru	tions -

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

(Complete only if you checked a box on line 12 of 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.)

Se

Jeen	on A. All Supporting Organizations		Yes	No
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.	1	103	Ito
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).	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.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	6		
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).	8		
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 .	9a		
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 .	9b		
С	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 .	9c		
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)? <i>If "Yes," answer line 10b below.</i>	10a		
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.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. 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 instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported 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 the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		inations	rage C
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ _ _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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		
Sect	ion 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		
6	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-functional (see instructions)	ally i	integrated Type III support	rting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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, 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 O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization PRETTYBOY RECREATION COUNCIL 52-1071231 Form 990, Part VI, Section B, Line 11b - Form 990 Part VI Section B Line 11b. Form 990m is c0mpleted by the treasurer, submitted to the President and Vice Present for checking and approval. it is available to anyone upon request. Form 990, Part VI, Section C, Line 19 - Form 990 Part VI Section C Line 19 The governing documents, By-Laws, Form 990, Monthly Reports are given to the Area Supervisor of the Baltimore County Department of Parks and Recreation, these documents are posted on the web site Form 990, Part IX, Line 24e - Total Program Services expense

PRETTYBOY RECREATION COUNCIL

Form: Form 990 (2022)

EIN: **52-1071231**Part III, Line 4d

Page: 2

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Indoor Soccer Children's recreational and instructional program for 4 to 8 year olds Runs in the fall and winter. Serves approximately 80 participants with 12 volunteers.	4,959	0	3,424
	Soccer Program Children;s outdoor soccer program consisting of instruction, practices, and games that runs 10 to 12 weeks in the fall. Serves approximately 200 Participants with approximately 30 volunteers.	31,254	0	20,744
	Tennis After school program for children featuring instruction, practice and games, eary fall and spring with 2 volunteers and approximately 25 participants	0	0	3,154
	Softball Program Children's recreational softball program with instruction, practice and games in the spring and early summer. Serves approximately 80 participants with 20 volunteers.	5,756	0	7,955
	Adult Basketball basketball program for adults that runs in the fall and winter features practice and games serves approximately 25 players with 1 volunteer	0	0	0
	Community Service and Bank Service Charge	2,240	0	0
Total:		44,209	0	35,277