** PUBLIC DISCLOSURE COPY **

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

Open to Public

OMB No. 1545-0047

Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service and ending A For the 2016 calendar year, or tax year beginning D Employer identification number C Name of organization ASSOCIATED RECREATION COUNCIL Name change 51-0170717 Initial return Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) 2066847083 Final return/ 8061 DENSMORE AVE N. 19,833,943. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return SEATTLE, WA 98103 H(a) Is this a group return Applica-F Name and address of principal officer: BILL KELLER Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or If "No," attach a list. (see instructions)) (insert no.) J Website: ► WWW.ARCSEATTLE.ORG H(c) Group exemption number ▶ L Year of formation: 1975 M State of legal domicile: WA K Form of organization: X Corporation Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: ASSOCIATED RECREATION COUNCIL, Governance IN CONJUNCTION WITH THE CITY OF SEATTLE PARKS AND RECREATION, if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 1155 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 250 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 1,655,790. 1,629,112. Contributions and grants (Part VIII, line 1h) 12,548,219. 14,028,119. 9 Program service revenue (Part VIII, line 2g) 255,989. 236,134. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 71,913. -41.317.11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 14,485,378. 15,898,581. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 8,447,997. 9,666,105. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 5,397,549. 6,027,685. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 15,693,790. 13,845,546. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 204,791. 639,832. Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 10 7,490,342. 8,294,096. Total assets (Part X, line 16) 2,797,534. 2,179,812. 21 Total liabilities (Part X, line 26) 5,496,562. 5,310,530. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that 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 property other than officer) is based on all information of which preparer has any knowledge. Sign EXECUTIVE DIRECTOR BILL KELLER, Here Type or print name and title PTIN Print/Type preparer's name Preparer's signatur P00658966 SHARLYN TURNER self-employed Paid Firm's name PETERSON SULLIVAN LLP, OFA 91-0605875 Firm's EIN Preparer Firm's address ▶ 601 UNION ST, STE 2300 Use Only Phone no. (206) 382-7777 SEATTLE, WA 98101-2345

May the IRS discuss this return with the preparer shown above? (see instructions)

No

X Yes

orm	990 (2016) ASSOCIATED RECREATION COUNCIL	51-0170717	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	**************************	X
1	Briefly describe the organization's mission: BUILD A COMMUNITY THROUGH CITIZEN ENGAGEMENT AND PARTICI	PATION IN	
	RECREATION AND LIFELONG LEARNING PROGRAMS.		
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	XNo
•	If "Yes," describe these changes on Schedule O.	4-11-11-11-11-11-11-11-11-11-11-11-11-11	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	•	
4a	(Code:) (Expenses \$ 8,066,948 • including grants of \$) (Reve	enue \$ 7,748,	109.)
	RECREATION: EXEMPT PURPOSE IS TO OFFER LOW COST OR FREE		
	PROGRAM DELIVERY ACROSS THE CITY OF SEATTLE. WE CONTINUE		
	WITH THE CITY OF SEATTLE DPR TO OFFER RECREATIONAL AND F		
	ACTIVITIES IN TWENTY-FIVE (25) COMMUNITY CENTERS, SPONSO		
	CAPITAL IMPROVEMENTS PROJECTS IN SEATTLE PARKS & RECREAT		
	OPERATED RECREATION ENHANCEMENT PROGRAMS IN FOURTEEN ELE	EMENTARY	
	SCHOOLS, AND SERVED OVER 50,000 RECREATION PARTICIPANTS	DURING 2016.	
	FOCUSED ON ENHANCED SCHOLARSHIP FUNDING OPPORTUNITIES SC		0
	PAY CEASES TO BE A BARRIER TO RECREATION, HEALTHIER LIFE		
	LEARNING OPPORTUNITIES. IN 2015 ARC COMBINED THE EDUCATION		
	OUR RECREATION PROGRAMMING. RECTECH CONTINUES TO EXPAND		L
	LEARNING OPPORTUNITIES FOR YOUTH IN SEATTLE'S MOST UNDER		405
4b	(Code:) (Expenses \$5 , 745 , 157 . including grants of \$) (Reve		495.
	CHILDCARE: LOW COST OUT OF SCHOOL CARE, PRESCHOOL, AND		B.B.
	CAMP. AMONG OTHER ACCOMPLISHMENTS, ARC CONTINUES TO RAIS		
	FOR OUR PRESCHOOL PROGRAMS WITH CREATIVE CURRICULUM, IN		IA
	WE CONTINUE TO INCORPORATE THE HIGHER STANDARDS OF P.Q. I		D
	SCHOOL AGE CARE PROGRAMS. 2016 PARTICIPANT SERVED: OUT (
	APPROX 2,000, PRESCHOOL - APPROX 400, SUMMER DAY CAMP -	APPROX 2,500	
	PER WEEK FOR TEN (10) WEEKS.		
4	/ / / / / / / / / / / / / / / / / / /	enue \$	Ā
4c	(Code:) (Expenses \$ including grants of \$) (Reve	inde \$	
	7		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4-	Total program sonice expenses 13, 812, 105.		

SEE SCHEDULE O FOR CONTINUATION(S)

Form **990** (2016)

632002 11-11-16

Form 990 (2016) ASSOCIATED RECREATION COUNCIL
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?	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		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			3.7
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	-	<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
	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,	_		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
_	Schedule D, Part III	l-°		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-	_	
10	endowments, or 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	10	N 8=	Bart.
	as applicable.		wit in	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		the contract	
u	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		_X_
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		_X_
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		_X_
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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		l	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
	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		14a	-	_X_
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	441		Х
4-	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	_	
15		15		Х
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	·	16		Х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	,6		<u> </u>
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	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
	VVIIIVVIV VVIIVVIV VII TUTTII		990	(2016)

Part IV Checklist of Required Schedules (continued)

		_	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			٠.,
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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			٠,,
	Schedule J	23		<u> </u>
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 through 24d and complete			37
	Schedule K. If "No", go to line 25a	24a		<u> </u>
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	I I		
	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	l		\ ₃₇
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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	l		\ _V
	Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? f "Yes,"			_v
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
	of any of these persons? If "Yes," complete Schedule L, Part III	27	Trul	A
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-27		
	instructions for applicable filing thresholds, conditions, and exceptions):	00-	.,	х
а		28a	_	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	_	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X
	contributions? If "Yes," complete Schedule M	30	-	
31	Did the organization liquidate, terminate, or dissolve and cease operations?	94		x
00	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	32		x
00	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JZ		
33		33		x
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 00		
34		34		X
25.	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_
36		36		x
27	If "Yes," complete Schedule R, Part V, line 2	- 55		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
JO	Note. All Form 990 filers are required to complete Schedule O	38	х	
-	THE CONTROL OF THE CASE OF THE CONTROL OF THE CONTR			(2016)

Page 5

Form 990 (2016) ASSOCIATED RECREATION COUNCIL Part V Statements Regarding Other IRS Filings and Tax Compliance

First the number reported in Box 3 of Form 1008. Enter 4- if not applicable 1s 75 1b 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response or note to any line in this Part V					
be Interference the number of Forms W2G included in line 1a. Enter-O-Lines applicable or Did the organization carrely with baddup withholding fulls for reportable payments to vendors and responsible gaming (gamiling) withings to prize withholding withholding fulls for reportable payments to vendors and responsible gaming (gamiling) withings to prize withholding with within the year covered by the roturn included to the control of the con			Bosse II	I		Yes	No
Did the organization comply with backup withiolding rules for reportable payments to vendors and reportable gaming gambling winning is to prize winners? 2	1a				37.29		7
segmblingly winnings to prize winners? First Prize Prumber of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return First Prize	_				Mary and		
Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. Note: If the sum of lines 1a and 2a is greater than 250, you may be required foderal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to 6-rise (see instructions) So If the organization have unclasted business gross income of \$50,000 or more during the year? 3a X X B "Yes," anise if seed a Form 890 T for this year? (if Yes," to fire 3b, provide an explanation in Schedule O. B If Yes," anise if the animal of the foreign country; b. If Yes," animal account in a foreign country (such as a bank account, securities account, or other financial account); c. B If Yes," animal animal of the foreign country; b. B If Yes," animal animal of the foreign country; b. B If Yes," animal animal of the foreign country; b. B If Yes," animal animal of the foreign country; b. B If Yes," animal animal of the foreign country; b. B If Yes," animal animal of the foreign country; b. B If Yes," animal animal of the foreign country; b. B If Yes," animal animal of the foreign country; b. B If Yes," animal animal of the foreign country; b. B If Yes," animal animal of the foreign country; b. B If Yes," animal animal of the foreign country; b. B If Yes," animal animal of the foreign country; b. B If Yes," animal animal of the foreign country; b. B If Yes, animal animal of the foreign country; b. B If Yes, animal animal of the foreign country; b. B If Yes, animal animal of the foreign country; b. B If Yes, animal animal of the foreign country; b. B If Yes, animal animal of the foreign country; b. B If Yes, animal animal of the foreign country; b. B If Yes, animal animal of the foreign country; b. B If Yes, animal animal of the foreign country; b. B If Yes, animal animal of the foreign country; b. B If Yes, animal animal of the foreign country; b. B If Yes, animal animal of the foreign count	С					v	
If all east one is reported on line 2a, did the organization file all equipment dear demand employment tax returners? 26 X	0-		1	***************************************	10	Λ	(100)
by If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 30 Did the organization have unrelated business proses incores of \$1,000 or none outling the year? 30 Did the organization and a present process incores of \$1,000 or none outling the year? 30 A lary time during the calendary year, did the organization have unrelated business provided to e-rife (see instructions) 31 A lary time during the calendary year, did the organization have unrelated in a significant or other during the year? 40 If "Yes," this is filed a Form 990.1 for this year? If "No," to line 5b, provide an explanation in Schodule O 50 If "Yes," the time of the foreign country: 50 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 51 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 52 See instructions of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 53 Was the organization a party to a prohibited tax shelter transaction? 54 Did any exonizible party notify the organization file Form 8886-17? 55 Unit of the organization and party to a prohibited tax shelter transaction? 56 Was any contributions that were not tax deductible as charitable contributions? 57 Organizations that may receive deductible as charitable contributions? 58 Was the organization that may receive deductible on thibitions under section 170(). 59 Unit the organization freely a spine in excess of \$75 made party is a contribution and party for goods and services provided to the party of the organization freely as planetin excess of \$75 made party is a contribution of unit party to a prohibition of the was party in the organization freely and party in the organization received an contribution of unit party of the organization flee form 8889 as required? 59 Unit the organization freely and party in the organization flee form 8889 as required? 50 He	2a		0-	1155		15.00	172
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross rooms of \$1,000 or more during the year? 3b If "Yes," set is filed a Form 996-7f for this year? If "No," to line 3b, provide an explanation in Schedule 0 3b If "Yes," and the callendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? 4a X X biff Yes, "enter the name of the foreign country. ▶ 5ce instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibitod tax shelter transaction at any time during the tax year? 5c In "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibitod tax shelter transaction? 5c In "Yes," to line 5a or 5b, did the organization file Form 886-7. 5c In "Yes," to line 5a or 5b, did the organization file Form 886-7. 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization callotic any contributions that were not tax deductible? 5c Organizations that may receive deductible contributions under section 170(c). 5c In the organization receive a paymant in excess of \$75 made party as contribution and party for goods and services provided to the payor? 5c In the organization receive a paymant in excess of \$75 made party as contribution and party for goods and services provided to the payor? 5c In the organization receive a paymant in excess of \$75 made party as a contribution of control of the organization contribution of control washe of the goods or services provided? 5c Did the organization contribution of control washe of the goods or services provided? 5c Did the organization receive a contribution of control washe of the washe of the control of the organization file form 1098-07 5c Did the sponsoring organization make a distribution such as control of the organization file					2h	x	1122000
3a X Marken organization have unrelated business gross income of \$1,000 or more during the year? b if Yes, 'mais if field a Form 990-T for this year? if Yio,' To fine 3b, provide an explanation in Schedule O b if Yes, 'mais if field a Form 990-T for this year? if Yio,' To fine 3b, provide an explanation in Schedule O b if Yes, 'mais in field a Form 990-T for this year? if Yio,' To fine 3b, provide an explanation in Schedule O b if Yes, 'mais in field a Form 990-T for this year, did the organization have an interest in, or a signature or other authority over, a financial account? b if Yes, 'mais in the foreign country! ▶ See instructions for filting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). b id any taxable party nortify the organization that it was or is a party to a prohibited tax shelter transaction? b if Yes, 'to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? c if Yes, 'to line 5a or 5b, did the organization file Form 8886-T? b if Yes, 'to line the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? b if Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). b if Yes, 'did the organization receive appeared in excess of \$75 made partly as contribution and partly for goods and services provided in the payor? to fit errors 8292? b if the organization sail, exchange, or otherwise dispose of tangible personal property for which it was required? b if the organization sail, exchange, or otherwise dispose of tangible personal property for which it was required? b if the organization sail, exchange, or otherwise dispose of tangible personal personal benefit contract? f if X if the organization received a contribution of cas, boats, applains or other vehicles, did the organization file a form 1098-C? b if the	D	-			20		
the If "Yes," line at filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority ever, a financial account in a foreign country. ► 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization collect any contributions that were not tax deductible as charitable contributions? 5b If "Yes," if one Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Color the organization have annual gross receipts that are normally greater than \$100,000, and did the organization collect any contributions that were not tax deductibles as charitable contributions? 5c Color than your and the start of the color tax deductible as charitable contributions? 6c Color than your and that may receive deductible contributions under section 170(c). 8c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9c Organization series a payment in evests of \$75 mate party as a contribution and party for goods and services provided to the payor? 7a X 8c Did the organization nortify the donor of the value of the goods or services provided? 7b If "Yes," indicate the number of Forms 8282 filed during the year 9b Did the organization oritify the donor of the value of the goods or services provided? 7c X 9c Did the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C7 7c X 9c Did the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C7 7b Did the organization received a contribution of qualif	22				3a		х
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a 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 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		Did the arranging association make any tayable distributions under section 10662		1	00		
Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12							
a 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: a Gross income from members or shareholders 11a 15 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12b 16 "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13b 13c 14a 15c			********		90		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	ار م		10a		300		1 1
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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	h						Halls
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13b 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		111 1 2	11a		-0/1		
amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b							100
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			11b		X I		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13a 13b 13b 13c 14a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					ii d		pir.
Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.				Щ,	
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Note. See the instructions for additional information the organization must report on Schedule O.			3 17		19-01
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		6 9				20 1
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14a X 14b							379
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c				
							X
	<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	0			000	

51-0170717 ASSOCIATED RECREATION COUNCIL Form 990 (2016) 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 in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management						
		1.	î.	۰	urann.	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		2	37	10 P	
	If there are material differences in voting rights among members of the governing body, or if the governing					28.73	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1,		9	1		
b	Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship	1b	l any other	-	Carl		
2					2	III EII	X
•	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			•	-	_	
3	of officers, directors, or 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 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			200	5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or as			`			
,	more members of the governing body?				7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si			•			
_	persons other than the governing body?			120	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				26	65 T	Tible o
а	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 rea						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
				_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		******************]_	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, 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 bod	y befoi	e filing the form?		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				II IX		8
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? H				- 1		
	in Schedule O how this was done			-	12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	X	E. Bulletti
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent	3	A E		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			100	1	х	
а	The organization's CEO, Executive Director, or top management official			S -	15a	X	
b	Other officers or key employees of the organization	********			15b	A	15 [2]
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		:L	1		160	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger				16-	NAC.	Х
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			.	16a	July D	21
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization that the organization to evaluate the organization to evaluate the organization to evaluate the organization that the organization the organization that the organization that the organization the organization that the organization the organization that the organization the organization that the organization the organization that the organization th			100	0,71	\$P.F	
	exempt status with respect to such arrangements?				16b		SILIBM
Sec	tion C. Disclosure				IOD]		
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only) avai	ilable		
	for public inspection. Indicate how you made these available. Check all that apply.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-)(-)(-)(-)	,			
	X Own website X Another's website X Upon request Other (explain	n in Sc	hedule (0)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, col			nd fir	nancia	al	
	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 body	oks an	d records: 🕨				
	SHARON MAUZE - 206-615-1909 8061 DENSMORE AVE. N., SEATTLE, WA 98103						

Form 990 (2016)

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	box	not cl unles	ss per	ition nore son i	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) 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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHRIS COPACINO	1.00								0	0
BOARD MEMBER	7.00	X		_	_	H	_	0.	0.	0 ,
(2) JONATHAN HARTUNG	7.00	x		v				0.	0.	0 .
BOARD PRESIDENT	1.00	<u> </u>	_	Х	-		-	U .	0.	0,,
(3) TRANG HOANG BOARD MEMBER	1.00	X						0.	0.	0
(4) TERRY HOLME	1.00	A							0.	- 0
BOARD MEMBER	1.00	X						0.	0.	0
(5) FRANA MILAN	3.00	-								
BOARD SECRETARY		x		x				0.	0.	0
(6) JAMES ROBERSON	3.00									
BOARD VICE PRESIDENT		X		Х				0.	0.	0
(7) BERNARDO RUIZ	1.00	Г								
BOARD MEMBER		X						0.	0.	0
(8) DAVE TOWNE	1.00									
BOARD MEMBER		X						0.	0.	0
(9) DENNIS COOK	1.00									
BOARD MEMBER		X						0.	0.	0
(10) WILLIAM KELLER	40.00									4
EXECUTIVE DIRECTOR		_	_	Х	_	_		118,953.	0.	6,950
(11) SHARON MAUZE	40.00	-		l				00 000		0 204
ACCOUNTING DIRECTOR				Х				80,877.	0 •	9,394
		1								
		-		-		Н				
	-	1								
				_		\vdash	_			
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Form 990 (2016)

Form 990 (2016)

Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	anc	Hi	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do			ition	า than d	one	Reportable	Reportable	e Estimated			d
		hours per	box	, unles	ss per	rson i	is both	an	compensation	compensation			nount (of
		week		cer an	aaa	recto	or/trus	(ee)	from	from related			other	
		(list any hours for	irecto						the	organization			pensat	
		related	or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	³⁽⁾		om the anizati	
		organizations	ruste	l trus		93	u beu		(***-27 1099-141100)			_	d relate	
		below	ndividual trustee or director	nstitutional trustee	_	를	stco	5					anizatio	
		line)	Indivi	Institi	Officer	Кеу етріоуее	Highest compensated employee	Former						
					П									
			_											
							_	_						
			_			_	<u> </u>		4					
					_		_	_						
									100 000		_	- 1	<u> </u>	4.4
	Sub-total								199,830.		0.		6,3	
С	Total from continuation sheets to Part VI	I, Section A							0.		0.	1	<u> </u>	0.
d	Total (add lines 1b and 1c)								199,830.		0.		6,34	44.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable	Э			1
-	compensation from the organization					_	_					1	Yes	No
	Dilli di								hisbank as was assets of as	anlawaa an	1	(Sm)	163	140
3	Did the organization list any former officer,											2	0.000	Х
	line 1a? If "Yes," complete Schedule J for s								or componentian from t		89988	3		Ju Ua
4	For any individual listed on line 1a, is the su										- 1	4	MOUNTED.	Х
_	and related organizations greater than \$150 Did any person listed on line 1a receive or a										0.000	DSHED	4 10	4150
5												5		X
Sect	rendered to the organization? If "Yes." comion B. Independent Contractors	iblete Scheduli	3 J I	or st	icn j	oers	OH		***************************************	*****************		5		
1	Complete this table for your five highest co	mpensated inc	lene	nde	nt co	ontr	acto	rs th	nat received more than \$	100,000 of com	pensa ⁴	tion fro	om	
'	the organization. Report compensation for													
	(A)	7							(B)			(0	<u> </u>	
	Name and business	address	N	INC	3				Description of s	ervices	C		nsatio	า
								ĺ					36	
2	Total number of independent contractors (i		ot lir	nited	d to		_	ted	above) who received mo	ore than	23.814			
	\$100,000 of compensation from the organi	zation >					<u>) </u>				Tall's	150 5	1717 3-11	

Form **990** (2016)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 (C) Related or Unrelated Total revenue exempt function business revenue revenue 1 a Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts b Membership dues 1b 403,504, c Fundraising events 10 d Related organizations 1d 846,587. e Government grants (contributions) f All other contributions, gifts, grants, and 405,699. similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 1,655,790 h Total. Add lines 1a-1f Business Code 2 a CLASS FEES 713990 13,254,880. 13,254,880 Program Service Revenue b SPORTS FEES 713990 511,628, 511,628 165,835 713990 165,835, PRINT SHOP PROCEEDS 713990 95,776 95,776 EQUIPMENT RENTAL FEE d f All other program service revenue 14,028,119, Total. Add lines 2a-2f Investment income (including dividends, interest, and 349,745 349,745 other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 3,559,407. assets other than inventory b Less: cost or other basis 3,653,163, and sales expenses -93,756. c Gain or (loss) 93,756 -93,756. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ _____ 403,504. of contributions reported on line 1c). See 54,109, Part IV, line 18 _____a 228,578. b Less: direct expenses -174,469. -174,469 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b > c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 93,149. and allowances b Less: cost of goods sold _____ 53,621. 39,528. 39,528, c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a CHILD & ADULT CARE FOOD PROGRAM 50,957 50,957 900099 30,000. 30,000. b VENDING REVENUE 900099 900099 12,667. 12,667. MISCELLANEOUS d All other revenue 93,624, e Total. Add lines 11a-11d 124,187. 15,898,581, 14,118,604. Total revenue. See instructions.

Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a respon	(A)	(B)	(C)	(D) Fundraising
	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				
	and domestic governments. See Part IV, line 21				lin — Senin 2 de
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,	016 174	170 400	26 754	
	trustees, and key employees	216,174.	179,420.	36,754.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	7,800,816.	6 552 044	1,248,772.	
7	Other salaries and wages	1,000,810.	6,552,044.	1,440,//4.	
8	Pension plan accruals and contributions (include	40,009.	19,121.	20,888.	
^	section 401(k) and 403(b) employer contributions)	659,470.	493,952.	165,518.	
9	Other employee benefits	949,636.	839,130.	110,506.	
10	Payroll taxes	747,030.	033,130.	110,300.	
11	Fees for services (non-employees): Management				
	2000	7,621.	6,394.	1,227.	
	Legal	,,021.	0,0511	2/22/1	
	Accounting				
	Lobbying Professional fundraising services, See Part IV, line 17			A COLOR OF THE PARTY OF THE PAR	
f	Investment management fees	35,839.	2,276.	33,563.	
q.	/// // 05	/,	,		
9	column (A) amount, list line 11g expenses on Sch O.)	1,053,850.	1,029,187.	24,663.	
12	Advertising and promotion	15,423.	13,545.	1,878.	
13	Office expenses	763,876.	730,336.	33,540.	
14	Information technology	65,548.	62,340.	3,208.	
15	Royalties				
16	Occupancy	49,104.	49,104.		
17	Travel	473,643.	466,227.	7,416.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	108,733.	106,600.	2,133.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	124,091.	103,131.	20,960.	
24	Other expenses. Itemize expenses not covered		LOWER SHOW A		
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)			HELION OF THE SE	
	amount, list line 24e expenses on Schedule 0.)			Wall to Mill the A	
а		1,378,487.	1,216,058.	162,429.	
b	SYSTEM FEES	1,169,546.	1,169,546.		
С	EQUIPMENT EXPENSES	431,208.	425,601.	5,607.	
d	FOOD & APPRECIATION	350,716.	348,093.	2,623.	
	All other expenses	45 600	10.010.10	1 001 507	
25	Total functional expenses. Add lines 1 through 24e	15,693,790.	13,812,105.	1,881,685.	0
26	Joint costs. Complete this line only if the organization			11	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (201

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 382,728. 451,995. 1 Cash - non-interest-bearing 70,972. 80,823. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 824,967. 697,783. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 7 Notes and loans receivable, net 8 Inventories for sale or use 4,887. 43,239. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 6,089,318. 7,137,726. 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 7,490,342. 8,294,096. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 1,370,881. 983,280. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 1,196,532. 1,426,653. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 2,179,812. 2,797,534. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 4,770,266. 4,734,312. 27 Unrestricted net assets 27 726,296. 576,218. 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 5,496,562. 5,310,530. 33 33 Total net assets or fund balances

8,294,096. Form 990 (2016)

34

7,490,342.

Total liabilities and net assets/fund balances

Form	990 (2016) ABBOCIATED RECREATION COUNCIL		0 + 7 0 7 +		rage	
Pai	rt XI 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)	1	15,8			_
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,6			
3	Revenue less expenses. Subtract line 2 from line 1	3			79	$\overline{}$
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,3			
5	Net unrealized gains (losses) on investments	5		18	, 75	<u>9.</u>
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 in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	5,4	96	<u>, 56</u>	<u>2.</u>
Pa	rt XIII Financial Statements and Reporting				7	
	Check if Schedule O contains a response or note to any line in this Part XII		*************			
				Y	es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			8 2	\$15 LF	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.	=11	6 10	-Will	35.00
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		1		
	separate basis, consolidated basis, or both:		als			
	Separate basis Consolidated basis Both consolidated and separate basis		100		XVIII IIIS	
b	Were the organization's financial statements audited by an independent accountant?		2	b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	3	S. III	19	
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis				1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		1	16 25	x	
review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		18		10	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t i	1 6	24	100
	Act and OMB Circular A-133?		3	a L		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	t			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits					_
			Fo	rm 9	90 (2)	016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Name of the organization

ASSOCIATED RECREATION COUNCIL

Employer identification number 51 – 0170717

				VERTION COOM				1 01/0/1/						
Pa	irt I	Reason for Public (Charity Status (A	All organizations must co	mplete thi	s part.) Se	e instructions.							
The	organi	zation is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck only o	one box.)								
1		A church, convention of chi	urches, or association	n of churches described	in sectio	n 170(b)(1)(A)(i).							
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	1 990 or 99	90-EZ).)								
3		A hospital or a cooperative					i).							
4	一	A medical research organization						the hospital's name.						
		city, and state:		,				,						
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in						
Ş	1			logo or armoordity ownou	or operan	ou by a go	Tommontal and accomb	5 4 #1						
_		section 170(b)(1)(A)(iv). (Complete Part II.) A foderal state or local government or governmental unit described in section 170/b)(1)(A)(v)												
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7		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). (C												
8		A community trust describe												
9		An agricultural research org												
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the r	name, city	, and state of the college	or						
		university:												
10	X	An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	oort from o	ontributio	ns, membership fees, an	d gross receipts from						
		activities related to its exem	npt functions - subjec	t to certain exceptions,	and (2) no	more than	33 1/3% of its support	from gross investment						
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.						
		See section 509(a)(2). (Cor	mplete Part III.)											
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See:	section 50	9(a)(4).							
12		An organization organized a						purposes of one or						
		more publicly supported or												
		lines 12a through 12d that												
а		Type I. A supporting orga						aivina						
u		the supported organization												
		organization. You must o			majority o	i ino diroc	1010 01 11401000 01 1110 01	pporting						
h		Type II. A supporting org	•		ion with its	e eunnorte	d organization(e), by hay	(ina						
b	_													
		control or management o			ame persor	iis triat coi	ntroi or manage the supp	ouried						
		organization(s). You mus	•					2. 20						
С		Type III functionally inte	-					ed with,						
	-	its supported organization												
d	1	Type III non-functionally												
		that is not functionally int		-				/eness						
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.							
е	. L	Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III							
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.								
f	Ente	er the number of supported o	organizations	xxxxxxxxxxxxx		9018992******								
g		vide the following information			r - 0-2 le le 2 e c c c	minution balan								
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other						
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)						
_			=======================================											
Tot	a I													

Schedule A (Form 990 or 990-EZ) 2016 ASSOCIATED RECREATION COUNCIL 51-0170 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) ⊺otal
1 Gifts, grants, contributions, and					7,000	
membership fees received. (Do not						
include any "unusual grants.")						
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						
5 The portion of total contributions			"是"等的是一个	CAN LESS HAVE		
by each person (other than a				diameter and the		
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
1 (6)						
6 Public support. Subtract line 5 from line 4.				3 80 L 2 F A		
Section B. Total Support			7/			
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	(4) 2012	(6) 2010	(0) 2011	(4) 20.0	10/20/0	1.7
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business						
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.)	-/	Edited of the party		EMORE EV. TE-17		
11 Total support. Add lines 7 through 10			ALT STATES	Service and Visit	10	
12 Gross receipts from related activities, e					12	
13 First five years. If the Form 990 is for t						
organization, check this box and stop Section C. Computation of Public	Support Pe	rcentage		*****************	***************************************	
			. (0)			102
14 Public support percentage for 2016 (lin					14	%
15 Public support percentage from 2015 S					15	%
16a 33 1/3% support test - 2016. If the or						
stop here. The organization qualifies a						
b 33 1/3% support test - 2015. If the or						
and stop here. The organization qualifi						
17a 10% -facts-and-circumstances test -						
and if the organization meets the "facts						
meets the "facts-and-circumstances" to	_					
b 10% -facts-and-circumstances test -						
more, and if the organization meets the						
organization meets the "facts-and-circu	ımstances" test.	The organization	qualifies as a public	cly supported orga	nization	▶□
18 Private foundation. If the organization		-				

Schedule A (Form 990 or 990-EZ) 2016 ASSOCIATED RECREATION COUNCIL 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.)

Sec	ction A. Public Support	elow, please comp	nete i ait ii.j								
_	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
	Gifts, grants, contributions, and	14/2012	10,2010	10, 2014	10, 20.10	10,2010	17.510				
	membership fees received. (Do not										
	include any "unusual grants.")	2018408	1600289.	1608427.	1629112.	1655790.	8512026.				
0	Gross receipts from admissions,	20101001	1000203.	TOOCIE,	10231121	2000,301	***************************************				
2	merchandise sold or services per-										
	formed, or facilities furnished in										
	any activity that is related to the	9905334	10750880	11761878	12637313	14121268	59176673.				
_	organization's tax-exempt purpose	9903334.	10/30000.	11/010/0.	1203/313.	14121200.	33±70073.				
3	Gross receipts from activities that										
	are not an unrelated trade or bus-										
	iness under section 513										
4	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
5	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge					4	57500500				
6	Total. Add lines 1 through 5	11923742.	12351169.	13370305.	14266425.	15777058.	67688699.				
7 a	Amounts included on lines 1, 2, and										
	3 received from disqualified persons						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						0.				
c	Add lines 7a and 7b						0.				
8	Public support. (Subtract line 7c from line 6.)		WR THE STATE	1 1 1 ST 372 1/1	· Asparantin	am Villa Pin	67688699.				
Se	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
9	Amounts from line 6	11923742.	12351169.	13370305.	14266425.	15777058.	67688699.				
10a	Gross income from interest,										
	dividends, payments received on securities loans, rents, royalties										
	and income from similar sources	119,342.	145,675.	258,729.	321,003.	349,745.	1194494.				
b	Unrelated business taxable income										
	(less section 511 taxes) from businesses										
	acquired after June 30, 1975										
,	Add lines 10a and 10b	119,342.	145,675.	258,729.	321,003.	349,745.	1194494.				
	Net income from unrelated business		•	-		-					
	activities not included in line 10b,										
	whether or not the business is regularly carried on										
12	Other income, Do not include gain			-							
	or loss from the sale of capital	140,324.	214,186.	68 284	133,674.	93,624.	650,092.				
40	assets (Explain in Part VI.)	12183408.									
	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo	-									
14	•	_									
Sal	check this box and stop here ction C. Computation of Publi	ic Support Per				*******************					
_	•2002455434			alumn (fl)		15	97.35 %				
	Public support percentage for 2016 (9997			16	97.59 %				
_	Public support percentage from 2015 etion D. Computation of Inves					10	37133 70				
_				- 10 l (f)		47	1.72 %				
	Investment income percentage for 20					17	4 44				
	Investment income percentage from					0.1/00/1 1: 1:					
19a	33 1/3% support tests - 2016. If the						L 177				
	more than 33 1/3%, check this box at										
k	b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization										
							Q18 1010 101				
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	ns box and see ins	tructions					

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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
3	1		
	2		
	3a		(FOOTE)
	od		1
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	3b	HEV	Belli
	3с		1111
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	4b		
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	4c		
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	5b		penginussi).
	5c		
	Virginia Turkin		
	6	Ning III	
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	7		
	8	N.E.	
		LANGE OF	124,
	110	100	
	9a		
	9b		100
	1	SqX	148
	9c		
		11/-2	
	10a		
	10b		104
_			

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		3	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		A Sans	
	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,	STORY		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		-5.5	0.70
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	Turnium I	DELIA	-USUS
2	Did the organization operate for the benefit of any supported organization other than the supported	100	E LA	
	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,			SUM
<u></u>	supervised, or controlled the supporting organization.	2	-	
Sec	tion C. Type II Supporting Organizations		V	**
		12.00	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	18		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		EE%	
	or management of the supporting organization was vested in the same persons that controlled or managed	THE SEC	DECEM	il a paer
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	_1_		
000	Mon B. All Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	15	100	AU DUE
'	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		T-TOT	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		100000000000000000000000000000000000000
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	AT IN	1	
_	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		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	W 615	140	Y.
-	significant voice in the organization's investment policies and in directing the use of the organization's	SH. IS		
	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
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 government entity (see instru	ictions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	100		
	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			- 150
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		134	1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	HE ST	Min-	
	reasons for the organization's position that its supported organization(s) would have engaged in these	ie u		80 N
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		o TSI'N		3716
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Harr	(E)	mixi
	of its supported organizations? If "Vos." describe in Part VI, the relegioned by the organization in this regard	3h		į.

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions.			
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	
Sect	ion 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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	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):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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			
J	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	Ily integrate	d Type III supporting orga	anization (see
•	Should be the stand	, 3	71	•

Schedule A (Form 990 or 990-EZ) 2016

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
	Line 8 amount divided by Line 9 amount	,		
		(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2016	Amount for 2016
4	Distributable amount for 2016 from Section C. line 6	Steps and the track state of		
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
_	able cause required explain in Part VI). See instructions		III Simples of Six	
3	Excess distributions carryover, if any, to 2016:			
a				
b				
===	From 2013			
	From 2014			
227	From 2015	OT MAY THE RESERVE OF THE		
f	Total of lines 3a through e			
	Applied to underdistributions of prior years		The second of the second	
_ h_	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)	LET TO METE SENSED ETC.	Maria de la livia del	
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			Electronic Control of the Control
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4		A TO BUT OF YORK	
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h		PINE WAR AND THE REAL PROPERTY.	
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7:			
	DISANGOWITO THE F.			
a	Excess from 2013			The state of the s
	Excess from 2014		S X I S M S I VILL	Maria Record St. No. 19
	Excess from 2015			
е	Excess from 2016	HELL DOWN AND SEM		

Schedule A (Form 990 or 990-EZ) 2016

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 A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS
INSURANCE REIMBURSEMENT
VENDING REVENUE
SERVICE FEES ASSESSED
SMALL EVENTS REVENUE
SERVICE PROVIDER REVENUE
L&I REFUND
REFUNDS

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

2016

ASSOCIATED RECREATION COUNCIL

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

Employer identification number

51-0170717

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Organization type (check one):					
Filers of	:	Section:			
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)($\overline{3}$) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not 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			
	nly a section 501(c)(covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
Special	Rules				
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	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, 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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
but it m	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "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 that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

Employer identification number

ASSOCIATED RECREATION COUNCIL

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$565,548.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	у	\$178,607.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$145,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$53,525	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$12,241.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
623452 10-18	.16	\$ 25,903.	Person X Payroll

Employer identification number

ASSOCIATED RECREATION COUNCIL

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_		\$10,763.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$ 8,000.	Person X Payroll

Employer identification number

ASSOCIATED RECREATION COUNCIL

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_		\$5,990.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$5,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	16	\$\$, 000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

ASSOCIATED RECREATION COUNCIL

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>19</u>	·	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Employer identification number

ASSOCIATED RECREATION COUNCIL

Part II	Noncash Property (See instructions). Use duplicate copies of Part 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	
	**************************************	\$	3	
(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	
ratti				
	.			
		\$Schodula B (Form)	200, 200 E7 or 200 BE) (2016)	

Name of organization **Employer identification number** 51-0170717 ASSOCIATED RECREATION COUNCIL 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 from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enler this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held (c) Use of gift from (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held from (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

6 Open to Public Inspection

Name of the organization

ASSOCIATED RECREATION COUNCIL

Employer identification number 51-0170717

Pai	rt I Organizatio	ns Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization an	swered "Yes" on Form 990, Part IV, line		
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of	f year		
2	Aggregate value of cor	ntributions to (during year)		
3	Aggregate value of gra	ints from (during year)		
4		d of year		
5			riting that the assets held in donor advis	
			xclusive legal control?	
6	Did the organization in	form all grantees, donors, and donor ad	lvisors in writing that grant funds can be	used only
	for charitable purposes	s and not for the benefit of the donor or	donor advisor, or for any other purpose	1
Pai			anization answered "Yes" on Form 990,	Part IV, line 7.
1		ation easements held by the organization		
		and for public use (e.g., recreation or ed		orically important land area
	Protection of nat		Preservation of a cer	tified historic structure
_	Preservation of o			
2		ugh 2d if the organization held a qualific	ed conservation contribution in the form	942
	day of the tax year.			Held at the End of the Tax Year
a				
b		220.00	cture included in (a)	
C C			fter 8/17/06, and not on a historic structu	2000
d			ter of 17700, and not on a mistorio structe	1 1
3			eased, extinguished, or terminated by the	
J	year >		acce, example for terminated by the	organization daming the lan
4		—- re property subject to conservation ease	ement is located	
5			odic monitoring, inspection, handling of	8
		ement of the conservation easements it		Yes No
6	•		nandling of violations, and enforcing cons	
	>			
7	Amount of expenses in	ncurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	tion easements during the year
	> \$			
8	Does each conservation	on easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
9			n easements in its revenue and expense	
	include, if applicable, t	he text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
-	conservation easemen		Art Historical Transcript on Or	hay Civeilay Assats
Ра		_	Art, Historical Treasures, or Ot	ner Similar Assets.
		organization answered "Yes" on Form		
1a	ū		C 958), not to report in its revenue staten	
				nce of public service, provide, in Part XIII,
		e to its financial statements that describ		and halance shoot works of art, historical
b	_			and balance sheet works of art, historical plic service, provide the following amounts
			ucation, or research in furtherance of pur	one service, provide the following amounts
	relating to these items			
	• •			
2			sures, or other similar assets for financia	
2		required to be reported under SFAS 11		. ga, provide
а	•		o (Acc 330) relating to these items.	> \$
			AT A SHARE MARKET M	
		ction Act Notice, see the Instructions		Schedule D (Form 990) 2016

Par	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, or O	ther S	imilar Assets	(continued)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items						
	(check all that apply):						
а	a Public exhibition d Loan or exchange programs						
b	Scholarly research	6					
С	Preservation for future generations						
4	Provide a description of the organization's co	llections and explain	n how they further t	he organization's	exempt	purpose in Part	XIII.
5	During the year, did the organization solicit or		-	_			
	to be sold to raise funds rather than to be ma					-	Yes No
Par	t IV Escrow and Custodial Arrang						line 9, or
	reported an amount on Form 990, Par	t X, line 21.					
1a	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included						
	on Form 990, Part X?	***************************************					Yes No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table:				
							Amount
c	Beginning balance				*******	1c	
	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on Fo					*************	Yes No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has beer	provided on Part	XIII		
Par	t V Endowment Funds. Complete if	f the organization ar	swered "Yes" on F	orm 990, Part IV,	line 10.		
		(a) Current year	(b) Prior year	(c) Two years ba	ack (d)	Three years back	(e) Four years back
1a	Beginning of year balance						
	Contributions						
¢	Net investment earnings, gains, and losses						
d	Grants or scholarships						
	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g, column (a	a)) held as:			
а							
b							
С	Temporarily restricted endowment%						
	The percentages on lines 2a, 2b, and 2c shou						
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	and administered t	for the o	rganization	W
	by:						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" on line 3a(ii), are the related organizate						3b
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.	OHOROGE CECENAMINE LE SANS CO			
Par	t VI Land, Buildings, and Equipm	ent.					
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11a.	See Form 990, Pa	ırt X, line	10.	
	Description of property	(a) Cost or o	1 ' '			ımulated	(d) Book value
		basis (investr	ment) basis	s (other)	depre	ciation	
1a	Land			911			
b	Buildings	451					
	Leasehold improvements						
d	Equipment						
е	Other						
Total	. Add lines 1a through 1e. (Column (d) must ed	aual Form 990, Part	X, column (B), line	10c.)	**********		0.

Schedule D (Form 990) 2016

m 990, Part IV, line	11c. See Form 990, Pa	art X, line 13.	nd-of-year market value
			nd-of-year market value
(b) Book value	(c) Method of val	uation: Cost or e	nd-of-year market value
m 990, Part IV, line	11d. See Form 990 , Pa	art X, line 15.	
iption			(b) Book value
			•
		990, Part X, line 2	5.
	(b) Dook value		
			Ext. C. v. Ville
	the organization's fina	ancial statements	that reports the
	rm 990, Part IV, line	rm 990, Part IV, line 11e or 11f. See Form (b) Book value	rm 990, Part IV, line 11e or 11f. See Form 990, Part X, line 2 (b) Book value axt of the footnote to the organization's financial statements

Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	l .			
1	Total revenue, gains, and other support per audited financial statements			1	15,803,139.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	The A	portuga esta comprehen estabalecta estabale	0.00	
а	Net unrealized gains (losses) on investments	. 2a	-18,759.	4.33	
b	Donated services and use of facilities	, 2b			
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)		198,125.	III (
е	Add lines 2a through 2d			2e	179,366.
3	Subtract line 2e from line 1			3	15,623,773.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		THE SECRETARISE THE SECRETARY WAS A	2/19	
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		A	
b	Other (Describe in Part XIII.)	. 4b	274,808.		
С	Add lines 4a and 4b			4c	274,808.
_ 5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	15,898,581.
Pai	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per R	letur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	15,617,107.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	36 31			
а	Donated services and use of facilities				
b	Prior year adjustments	. 2b		ember of	
С	Other losses				
d	Other (Describe in Part XIII.)		198,125.	331	400 405
е	Add lines 2a through 2d			2e	198,125.
3	Subtract line 2e from line 1			3	15,418,982.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	Di A			
а	Investment expenses not included on Form 990, Part VIII, line 7b	St. Communication of the Commu	0.74 0.00	ann se	
b	Other (Describe in Part XIII.)	. 4b	274,808.		0.00
C	Add lines 4a and 4b		14-12-13-10-12-14-12-13-14-13-14-13-14-14-14-14-14-14-14-14-14-14-14-14-14-	4c	274,808.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	15,693,790.
	t XIII Supplemental Information.	B / P / 41	101 5 114 11 4		V F 0 D 124
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			; Part)	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	iitionai intorn	nation.		
PAF	T XI, LINE 2D - OTHER ADJUSTMENTS:				
	<u> </u>				
SPE	CIAL EVENT EXPENSE INCLUDED ON PAGE 9, LIN	NE 8B			144,504.
COS	T OF GOODS SOLD INCLUDED ON PAGE 9, LINE 1	10B			53,621.
TOT	AL TO SCHEDULE D, PART XI, LINE 2D				198,125.
PAI	T XI, LINE 4B - OTHER ADJUSTMENTS:				
DET	AMEG AND DESINDS NUMBED WIND EXPENSE ON E	T N T N N T (* T 7	\ T		
REI	ATES AND REFUNDS NETTED WITH EXPENSE ON F	TIVANCIA	7D		
C/III 7	пемение				274,808.
3 T.F	TEMENTS				2/4,000.
-				-	
PΔF	T XII, LINE 2D - OTHER ADJUSTMENTS:				
SPI	CIAL EVENT EXPENSE INCLUDED ON PAGE 9, LIN	NE 8B			144,504.
	08-29-16			Sched	dule D (Form 990) 2016

632054 08-29-16

Schedule D (Form 990) 2016

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

51-0170717 ASSOCIATED RECREATION COUNCIL Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants Mail solicitations Solicitation of government grants b Internet and email solicitations Special fundraising events C Phone solicitations d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b |f "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did fundraiser (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) to (or retained by) (ii) Activity have custody or control of contributions? fundraiser from activity or entity (fundraiser) organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2016

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

Schedule G (Form 990 or 990-EZ) 2016 ASSOCIATED RECREATION COUNCIL Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events WATER PARK MBRSC ANNUAL (add col. (a) through TICKET SALES DRIVE 48 col. (c)) (event type) (event type) (total number) 457,613. 67,124. 60,175. 330,314. 1 Gross receipts 13,015. 60,175. 330,314. 403,504. 2 Less: Contributions 54,109. 54,109. Gross income (line 1 minus line 2) 4 Cash prizes _____ Noncash prizes 4,300. 4,300. 6 Rent/facility costs 26,575. 26,575. 7 Food and beverages Entertainment 140,903. 197,703. 56,800. Other direct expenses 228,578. 10 Direct expense summary. Add lines 4 through 9 in column (d) -174,469. Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2016

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016 ASSOCIATED RECREATION COUNCIL 51-0	170717	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
The Line in the man and address of the potential man prepared and a game and		
Name		
Address >		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
of gaming revenue retained by the third party \$		
c If "Yes," enter name and address of the third party:		
• II 100, 0110 III 0110 0110 0110 0110 01		
Name		
Address		
16 Garning manager information:		
Name		
Name		
Gaming manager compensation > \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year > \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v);	nes 9 9h 1N	h 15h
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	163 3, 30, 10	b, 10b,

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Schedule G (Form 990 or 990-EZ)	ASSOCIATED	RECREATION	COUNCIL	51-0170717	Page 4
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Ir	formation (continued)				
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016
Open to Public

m990. Inspection
Employer identification number
51-0170717

Name of the organization

ASSOCIATED RECREATION COUNCIL

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDES QUALITY RECREATIONAL OPPORTUNITIES AND DAY CARE AT 26 SEATTLE

COMMUNITY CENTERS AND 13 RECREATION CENTERS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

NEIGHBORHOODS - IN THE IMMEDIATE AFTERSCHOOL AND EVENING HOURS (3-6PM)

AND THROUGHOUT THE SUMMER (9AM-6PM) - BY PROVIDING COMPUTER AND

INTERNET ACCESS TO YOUTH LACKING SUCH ACCESS AND EMPOWERING THEM WITH

THE DIGITAL LITERACY SKILL-SET REQUIRED TO SUCCEED IN TODAY'S CLASSROOM

AND WORKPLACE. DURING 2016 RECTECH SERVED OVER 210 YOUTH IN FIVE

LOCATION THROUGHOUT SEATTLE.

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

THE 990 IS DISTRIBUTED ELECTRONICALLY TO THE BOARD PRESIDENT, VICE

PRESIDENT AND SECRETARY/TREASURER FOR ALL BOARD REVIEW BEFORE FILLING.

THE EXECUTIVE DIRECTOR AND ACCOUNTING DIRECTOR WORK IN TANDEM WITH THE PREPARERS. ONCE COMPLETED, THE TEAM PRESENTS THE RETURN TO THE APPROPRIATE BOD & MANAGEMENT PERSONNEL. ONCE THE RETURN IS APPROVED BY VOTE FOR FILING. THE PREPARER IS NOTIFIED AND THE RETURN IS SUBMITTED TO THE IRS.

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

ALL ARC EMPLOYEES AND CONTRACTORS ARE REQUIRED TO: READ AND SIGN A

STATEMENT WHICH REQUIRES THEM TO CONDUCT THEMSELVES WITH INTEGRITY,

HONESTY, AND PROFESSIONALISM IN ALL INTERACTIONS AND TO REPORT SUSPECTED

FINANCIAL IMPROPRIETY; SEEK GUIDANCE FROM THEIR SUPERVISOR WHO WILL EXAMINE

ANY POTENTIAL CONFLICT OF INTEREST OR THE APPEARANCE OF CONFLICT; MAY NOT

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16