## \*\* PUBLIC DISCLOSURE COPY \*\*

**Return of Organization Exempt From Income Tax** 

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

Department of the Treasury

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

Intern	al Reve	nue Service Go to www.irs.gov/For	m990 for instructions and	the latest	information.	Inspection		
A F	or the	2021 calendar year, or tax year beginning	and e	ending				
B C	heck if oplicabl	C Name of organization			D Employer identifie	cation number		
	Addre chang Name		UNCIL		E1 01707	1 7		
	∫chang ∫Initial			0170717				
	return	Number and street (or P.O. box if mail is not delivered	E Telephone number					
	Final return				206-684-			
	termin ated Amen	City or town, state or province, country, and ZIP	or foreign postal code		G Gross receipts \$ H(a) Is this a group re	13,006,346.		
	Jreturn ]Applic		F TATNCA HVI.I.C	יביים!	for subordinates			
	Jtion pendir	SAME AS C ABOVE	E OAINGA HILLD	1111	H(b) Are all subordinates in			
1 T	ax-ex	empt status: X 501(c)(3) 501(c) ( )◀	(insert no.) 4947(a)(1) o	r 527	If "No," attach a	list. See instructions		
J۷	/ebsi	e: ► WWW.ARCSEATTLE.ORG			H(c) Group exemptio	n number 🕨		
<b>K</b> F	orm of	organization: X Corporation Trust Associ	ation Other ►	L Year	of formation: 1975 N	1 State of legal domicile: WA		
Pa	rt I	Summary						
	1	Briefly describe the organization's mission or most sign	nificant activities: THE A	ARC SE	RVES ALL RES	SIDENTS OF		
2		SEATTLE BY OFFERING A VARIET						
lar		Check this box   if the organization discontinu						
Ver		Number of voting members of the governing body (Par			3	10		
છ		Number of independent voting members of the governing	, , , , , , , , , , , , , , , , , , , ,			10		
∞ ∞		Total number of individuals employed in calendar year:				479		
Activities & Governance						10		
ξΪ		Total unrelated business revenue from Part VIII, column	o (C) line 12			0.		
욁		Net unrelated business taxable income from Form 990-				0.		
$\dashv$	D	Net unrelated business taxable income from Form 990	-1, Faiti, iiile 11			Current Year		
		Contributions and quarte (Dout VIII line 4b)			Prior Year 2,935,241.	6,446,037.		
e l					5,253,241.			
ē						6,302,802.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and			187,182.	147,459.		
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,			-238,930.	90,275.		
$\dashv$		Total revenue - add lines 8 through 11 (must equal Part			8,137,449.	12,986,573.		
	13	Grants and similar amounts paid (Part IX, column (A), li	nes 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), lin			0.	0.		
န္		Salaries, other compensation, employee benefits (Part			8,887,816.	7,187,215.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 1	11e)		0.			
ğ		Total fundraising expenses (Part IX, column (D), line 25	· · · · · · · · · · · · · · · · · · ·					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f	-24e)		1,771,689.	1,674,231.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, co	olumn (A), line 25)		10,659,505.	8,861,446.		
		Revenue less expenses. Subtract line 18 from line 12			-2,522,056.	4,125,127.		
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)			8,053,787.	11,269,949.		
t B B B	21	Total liabilities (Part X, line 26)			4,644,698.	3,764,737.		
		Net assets or fund balances. Subtract line 21 from line	20		3,409,089.	7,505,212.		
Pa	rt II	Signature Block						
Unde	r pena	Ities of perjury, I declare that I have examined this return, inclu	uding accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is		
true,	correc	t, and complete. Declaration of preparer (other than officer) is	based on all information of whi	ich preparer	has any knowledge.			
Sign Signature of officer Date								
Here   JACKIE JAINGA HYLLSETH, EXECUTIVE DIRECTOR								
Type or print name and title								
		Print/Type preparer's name Pre	parer's signature	1	Date Check	PTIN		
Paid			TT S. SMITH	1	. <b>0 / 2 6 / 2 2</b>   if self-employ	P01920313		
Prep		Firm's name GREENWOOD OHLUND,		<u> </u> -		91-0873571		
-		Firm's address 4241 21ST AVE W SU			FIIIII S EIIV	<u> </u>		
Use Only   Firm's address   4241 21ST AVE W SUITE 400   SEATTLE, WA 98199   Phone no. (206) 782-1767								
	41- **	-	On a factor calls		[ Pilone no. \ Z			
viay	tne II	RS discuss this return with the preparer shown above?	See instructions			X Yes No		

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

Pa	Check if Schedule O contains a response or note to any line in this Part III
_	
1	Briefly describe the organization's mission:  TNCDTDE ENCACEMENT AND DARWING TO BE DESCRIBED TO THE PROPERTY OF THE PROPERTY O
	INSPIRE ENGAGEMENT AND PARTICIPATION IN EQUITABLE, DYNAMIC, CULTURALLY
	RELEVANT, AND RESPONSIVE RECREATION, CHILDCARE, AND LIFELONG LEARNING
	PROGRAMS. VISION: BRINGING TOGETHER ALL PEOPLE TO BUILD A HEALTHY
	COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
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 others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$3,977,614. including grants of \$) (Revenue \$4,289,916.
	CHILDCARE: LOW COST OUT OF SCHOOL CARE, PRESCHOOL, AND SUMMER DAY CAMP.
	AMONG OTHER ACCOMPLISHMENTS, ARC CONTINUES TO RAISE THE STANDARD FOR
	OUR PRESCHOOL PROGRAMS WITH A CREATIVE CURRICULUM; IN THE SAME VEIN, WE
	CONTINUE TO INCORPORATE THE HIGHER STANDARDS OF SAPQA (SCHOOL AGE
	PROGRAM QUALITY ASSESSMENT) INITIATIVE IN OUR SCHOOL-AGE CARE PROGRAMS.
4b	(Code:) (Expenses \$1, 274, 986. including grants of \$) (Revenue \$1, 394, 604.
	RECREATION: EXEMPT PURPOSE IS TO OFFER LOW-COST OR FREE RECREATION
	PROGRAM DELIVERY ACROSS THE CITY OF SEATTLE. WE CONTINUE TO PARTNER
	WITH THE CITY OF SEATTLE SPR TO OFFER RECREATIONAL AND EDUCATIONAL
	ACTIVITIES IN TWENTY-SIX (26) COMMUNITY CENTERS AND SPONSORED MULTIPLE
	CAPITAL IMPROVEMENTS PROJECTS IN SEATTLE PARKS & RECREATION FACILITIES.
	ARC CONTINUES TO DEVELOP ENHANCED SCHOLARSHIP FUNDING OPPORTUNITIES, SO
	THE INABILITY TO PAY CEASES TO BE A BARRIER TO HEALTHIER LIFESTYLES AND
	LEARNING OPPORTUNITIES. IN 2021, DUE TO GOVERNMENT DECREE BECAUSE OF
	COVID-19, MANY RECREATION FACILITIES AND PROGRAMS WERE CLOSED OR
	CANCELED OR REDUCED FROM PRIOR COVID-19 LEVELS. IN RESPONSE, THE
	ASSOCIATED RECREATION COUNCIL CREATED AND LAUNCHED THE FIRST-EVER
	VIRTUAL RECREATION PROGRAMS FOR THE CITY OF SEATTLE. AS GOVERNMENT
4c	(Code:) (Expenses \$ 648,225 . including grants of \$) (Revenue \$ 623,494 . )
-	THE PRESCHOOL PROGRAM BECAME A STAND-ALONE PROGRAM ON 1/1/17. DUE TO
	COVID-19, ARC OFFERED FIVE PRESCHOOL PROGRAMS THROUGHOUT MOST OF 2021.
	ONE PRESCHOOL PROGRAM WAS RECREATION, THREE WERE LICENSED THROUGH
	SEATTLE PRESCHOOL PROGRAM (SPP) AND ONE WAS A PATHWAYS PROGRAM THROUGH
	THE DEPARTMENT OF EDUCATION AND EARLY LEARNING (DEEL) IN 2021. SPP
	OFFERS FREE PRESCHOOL AS A SCHOOL READINESS PROGRAM FOR FAMILIES WHO
	HAVE ECONOMIC BARRIERS TO ENROLLING
	Other program services (Describe on Schedule O.)
<del>-</del> u	
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 5,900,825 •

Form 990 (2021) 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? See instructions	2	X	
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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		Х

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			3,
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3,7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		$\vdash$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	Х	1
Par	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
· ui	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon il Gonedule O contains a response di flote to any lifte ili tilis Fart v		V	NI-
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_		1		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С		1c	Х	
	(gambling) winnings to prize winners?			

Form 990 (2021) ASSOCIATED RECREATION COUNCIL
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		<u> </u>				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X				
f	3 , 3 , 1 , 1							
g	1 1 1 2							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
_	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.	0-						
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<del>                                     </del>				
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	9b						
	Initiation fees and capital contributions included on Part VIII, line 12							
	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?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	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							
	Enter the amount of reserves on hand							
	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 on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		X				
46	If "Yes," see the instructions and file Form 4720, Schedule N.			v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
4-	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes." complete Form 6069.							

Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Section	Check if Schedule O contains a response or note to any line in this Part VI			X					
	on A. Governing Body and Management								
			Yes	No					
1a E	Enter the number of voting members of the governing body at the end of the tax year 10								
	f there are material differences in voting rights among members of the governing body, or if the governing								
	ody delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
	Enter the number of voting members included on line 1a, above, who are independent								
	officer, director, trustee, or key employee?	2		х					
	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		X					
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х					
	Did the organization have members or stockholders?	6		X					
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	nore members of the governing body?	7a		x					
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1							
	persons other than the governing body?	7b		x					
•	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.0							
	The governing body?	8a	Х						
b E	Each committee with authority to act on behalf of the governing body?	8b	X						
	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x					
	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		l .						
	(This Section B requests information about policies not required by the internal nevertide code.)		Yes	No					
10a D	Did the organization have local chapters, branches, or affiliates?	10a	1.00	X					
	f "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
	Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe								
	on Schedule O how this was done	12c	Х						
	Did the organization have a written whistleblower policy?	13	Х						
	Did the organization have a written document retention and destruction policy?	14	Х						
	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
	The organization's CEO, Executive Director, or top management official	15a	Х						
	Other officers or key employees of the organization	15b	X						
	f "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.00							
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	axable entity during the year?	16a		х					
	f "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou							
	n joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
۵		100							
	on C. Disclosure								
Section	on C. Disclosure  ist the states with which a copy of this Form 990 is required to be filed NONE								
Section 17 L	ist the states with which a copy of this Form 990 is required to be filed NONE	e only)	availa	hle					
<b>Section 17</b> L <b>18</b> S	ist the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availa	ble					
<b>Section 17</b> L <b>18</b> S	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) or public inspection. Indicate how you made these available. Check all that apply.	s only)	availa	ble					
<b>Section 17</b> L <b>18</b> S for	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) or public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request X Other (explain on Schedule O)			ole					
Section	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) or public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request X Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an			ble					
Section	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) or public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request X Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.			ble					
Section	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) or public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request X Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an			ble					

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

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

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

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

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

Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week (list any				10010	T	100)	from the	from related organizations	other compensation
	hours for	direct				Ļ		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations			1099-NEC)	,	and related				
	below	vidual	itution	cer	Key employee	hest c	ner			organizations
	line)	lndi	Inst	Officer	Key	High	Former			
(1) JACKIE JAINGA HYLLSETH	40.00	1		l				100 100		
EXECUTIVE DIRECTOR	40.00			Х				130,108.	0.	9,960.
(2) JOHN BRAY	40.00	4				l		100 000		0 060
CFO	40.00					X		129,000.	0.	9,960.
(3) SONYA CLAXSTON	40.00	4						110 000	•	0 060
DEPUTY DIRECTOR	40.00	<u> </u>				X		112,000.	0.	9,960.
(4) SONIA DOUGHTY	40.00	-				,,		100 200	,	0 060
DEVELOPMENT DIRECTOR	7 00					X		109,200.	0.	9,960.
(5) JUSTIN UMAGAT	7.00	.,		٠,					0	0
PRESIDENT (6) LEON PRESTON	1.00	Х		Х				0.	0.	0.
VICE PRESIDENT	1.00	х		х				0.	0.	0.
(7) CAITLIN DOUGHTY	1.00	Α		^		$\vdash$		0.	0.	0.
VICE PRESIDENT	1.00	х		х				0.	0.	0.
(8) MORGIN MORRIS	1.00	^		^		┢		0.	0.	0.
TREASURER	1.00	Х		Х				0.	0.	0.
(9) FRANA MILAN	1.00	25		25				•	<b>.</b>	<u> </u>
SECRETARY	1.00	х		Х				0.	0.	0.
(10) KYLE SERIKAWA	1.00							· ·	•	•
BOARD MEMBER		x						0.	0.	0.
(11) PAYEL VENGALIL	1.00	1				$\vdash$			•	<u> </u>
BOARD MEMBER		Х						0.	0.	0.
(12) MICHAEL CUADRA	1.00								-	-
BOARD MEMBER		Х						0.	0.	0.
(13) JUDY TANGEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) JACKIE MITTI	1.00									
BOARD MEMBER		Х						0.	0.	0.
		<u> </u>								
		]								
-										
										Form 990 (2021)

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Section A. Officers, Directors, Trus	tees, Key Em	oloy(	ees,	anc	<u>iHi</u>	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)	(C)						(D)	(E)		(F)		
Name and title	Average	Position (do not check more than one						Reportable	Reportable	E	Estimated		
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	amount of			
	week	offic	cer ar	nd a d	irecto	or/trus	tee)	from	from related		other		
	(list any	ector						the	organizations	cor	npensa	tion	
	hours for	or dir	au au			ted		organization	(W-2/1099-MISC/	- 1	from th		
	related	ste e	ruste			bensa		(W-2/1099-MISC/	1099-NEC)		ganizat		
	organizations below	altru	onal t		loyee	le se		1099-NEC)		- 1	nd relat		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			org	ganizati	ons	
		드	드	Đ	₹ e	물등	요			+-			
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		₩								$+\!-$			
		ł											
1b Subtotal								480,308.	0		39,8	40.	
c Total from continuation sheets to Part VI								0.	0		,,,	0.	
d Total (add lines 1b and 1c)							<b>•</b>	480,308.	0	. :			
2 Total number of individuals (including but n								•	000 of reportable				
compensation from the organization												4	
											Yes	No	
3 Did the organization list any former officer,	•		•		•		•	•	•				
line 1a? If "Yes," complete Schedule J for s										3		X	
4 For any individual listed on line 1a, is the su	•		•					•	•			₹	
and related organizations greater than \$150										4		X	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	•				•			· ·		5		Х	
Section B. Independent Contractors	ipiete Scrieduli	<del>)</del>	or st	ICII Į	oers	OH .							
Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of compen	sation f	rom		
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)	- daluare			_				(B)			C)		
Name and business	address	NC	INC	<u> </u>			_	Description of s	ervices	Comp	ensatio	n	
							_						
2 Total number of independent contractors (ii		ot lin	nited	to t		se lis )	ted	above) who received mo	ore than				
\$100,000 of compensation from the organization	zation 🚩	—				,					990		

			Check if Schedule O conf	tains a	response o	or note to any lin	e in this Part VIII			
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
1					I. I					sections 512 - 514
ints	1				1a					
Gra			Membership dues		1b	250 711				
ts, An			Fundraising events		1c	259,711.				
흝					1d	4 047 073				
ns, Sim			Government grants (contribut		1e	4,947,073.				
Contributions, Gifts, Grants and Other Similar Amounts		t	All other contributions, gifts, gran			1 220 252				
<sup></sup>			similar amounts not included abo		1f	1,239,253.				
on od (		_	Noncash contributions included in lines	1a-1f	1g  \$		6 446 027			
OB		n	Total. Add lines 1a-1f			Business Code	6,446,037.			
	_		CLASS FEES			713990	6,110,491.	6,110,491.		
ice	2	a	SPORTS FEES			713990	118,674.	118,674.		
er ne		b	PRINT SHOP PROCEEDS			713990	68,742.	68,742.		
m S /en		•	EQUIPMENT RENTAL FEE			713990	4,895.	4,895.		
Program Service Revenue		-	EQUIPMENT RENTAL FEE			713990	4,095.	4,093.		
ě		e	All ather are are a series and							
_			All other program service reve	enue			6,302,802.			
	3	g	Total. Add lines 2a-2f	divido	nde intoro	et and	0,302,002.			
	3		other similar amounts)				147,459.			147,459.
	4		Income from investment of ta				217,103.			117,100.
	5		Royalties		ipt borid p	loceeds				
	J		noyanics		) Real	(ii) Personal				
	6	а	Gross rents 6a	<u> </u>	,	( )				
	·		Less: rental expenses 6th							
			Rental income or (loss) 60	1						
			Net rental income or (loss)	<u> </u>		<b></b>				
	7		Gross amount from sales of	(i) S	ecurities	(ii) Other				
	•	_	assets other than inventory 7a	<u> </u>						
		h	Less: cost or other basis	1						
<u>a</u>		-	and sales expenses	,						
ther Revenue		С	Gain or (loss) 70	_						
Şe.			Net gain or (loss)			<b>•</b>				
e	8		Gross income from fundraising e		not					
₽			including \$							
			contributions reported on line		- 1					
			Part IV, line 18		I .	0.				
		b	Less: direct expenses			7,242.				
		С	Net income or (loss) from fund	draising	g events		-7,242.			-7,242.
	9		Gross income from gaming a							
			Part IV, line 19		9a					
		b	Less: direct expenses		9b					
		С	Net income or (loss) from gan	ning ac	tivities	<b>&gt;</b>				
	10	а	Gross sales of inventory, less	returns	s					
			and allowances		10a	17,743.				
		b				12,531.				
		С	Net income or (loss) from sale	es of in	ventory	<b></b>	5,212.	5,212.		
<sub>o</sub>						Business Code				
e jour	11	а	CHILD & ADULT CARE FOO	D PRO	GRAM	900099	92,139.			92,139.
Miscellaneous Revenue		b	MISCELLANEOUS			900099	166.			166.
cell ev		С								
Mis		d	All other revenue							
		е	Total. Add lines 11a-11d			<b></b>	92,305.			
	12		Total revenue. See instructions			<b>&gt;</b>	12,986,573.	6,308,014.	0.	232,522.

ASSOCIATED RECREATION COUNCIL 51-0170717 Page **10** Form 990 (2021) Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service
expenses (**D**) Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 140,068. 140,068. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 5,774,885. 3,790,632. 1,794,597. 189,656. 7 Pension plan accruals and contributions (include 83,209. 53,415. 27,122. 2,672. section 401(k) and 403(b) employer contributions) 376,371. 576,346. 181,144. Other employee benefits 18,831. 9 612,707. 393,319. 199,709. 19,679. 10 Payroll taxes 11 Fees for services (nonemployees): Management 11,847. 11,847. Legal 33,688. 33,688. Accounting Lobbying Professional fundraising services. See Part IV, line 17 18,495. 18,495. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 228,516. 216,544. 11,972. column (A), amount, list line 11g expenses on Sch O.) 14,471. 18,415. 3,944. Advertising and promotion 12 132,281. 117,073. 12,442. 2,766. 13 Office expenses Information technology 14 Royalties 15 113,279. 113,279. 16 Occupancy 48,120. 3.529. 40,468. 4,123. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21

above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 479,427. 428,327. 49,541. 1,559. SYSTEM FEES 122,354. **MISCELLANEOUS** 180,590. 38,034. 20,202. 160,127. 41,837. 115,923. 2,367. EQUIPMENT EXPENSE d FOOD & APPRECIATION 86,033. 83,737. 2,032. 264. e All other expenses 8,861,446. 5,900,825. 2,686,530. 274,091. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization

82,378.

81,035.

163,413.

Depreciation, depletion, and amortization .....

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Other expenses. Itemize expenses not covered

22

23

24

25

Form 990 (2021)
Part X Balance Sheet

Pai	rt X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X .			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	604,932.	1	3,251,517.
	2	Savings and temporary cash investments	[ 1,679,721.	2	963,857.
	3	Pledges and grants receivable, net	757,060.	3	1,128,627.
	4	Accounts receivable, net		4	2,600,599.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	1 620	9	1,165.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	3,340,947.	11	3,324,184.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	8,053,787.	16	11,269,949.
	17	Accounts payable and accrued expenses	1,417,189.	17	1,193,070.
	18	Grants payable		18	
	19	Deferred revenue		19	2,571,667.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	2 564 525
	26	Total liabilities. Add lines 17 through 25	4,644,698.	26	3,764,737.
"		Organizations that follow FASB ASC 958, check here   X			
čě		and complete lines 27, 28, 32, and 33.	222 615		4 010 510
alar	27	Net assets without donor restrictions		27	4,819,512.
Ä	28	Net assets with donor restrictions	2,579,474.	28	2,685,700.
Ĕ		Organizations that do not follow FASB ASC 958, check here			
F		and complete lines 29 through 33.			
ţ	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	7 505 010
Š	32	Total net assets or fund balances	1 0 0 0 0 0 0 0 1	32	7,505,212.
	33	Total liabilities and net assets/fund balances	8,053,787.	33	11,269,949.

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Pa	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	12	,98	<u>6,5</u>	<u>73.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	,86	1,4	46.		
3	Revenue less expenses. Subtract line 2 from line 1	3	4	4,125,127				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	3,409,089				
5	Net unrealized gains (losses) on investments	5		-2	9,0	04.		
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	7	,50	5,2	12.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O	.					
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 Aud	lit					
	Act and OMB Circular A-133?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	it					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h				

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization ASSOCIATED RECREATION COUNCIL 51-0170717 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021 ASSOCIATED RECREATION COUNCIL 51-0170717 Page 2

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

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(Complete onl	y if you checked the box on line 5, 7, or 8 of Par	t I or if the organization faile	d to qualify under	Part III. If the organization
fails to qualify	under the tests listed below, please complete P	art III.)		

	Sec	ction A. Public Support						
1 Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either pad to or expended on its behalf and either pad to or expended on its behalf and either pad to or expended on its behalf and either pad to or expended on its behalf and either pad to or expended on its behalf and either pad to or expended on its behalf and either pad to or expended on its behalf and the property of the organization without change and the organization without change and the organization without change and the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the expendition of the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the expendition of the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the expendition of the organization of th	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
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16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	14	Public support percentage for 2021 (I	ine 6, column (f), c	ivided by line 11,	column (f))		14	%
stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	16a	33 1/3% support test - 2021. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		stop here. The organization qualifies	as a publicly supp	orted organization	າ			
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	b	33 1/3% support test - 2020. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
		meets the facts-and-circumstances te	st. The organization	on qualifies as a p	ublicly supported o	organization		<b>&gt;</b>
b 1070 laste and on barriotation to the regarded and not on one to	b		~		• • •		17a, and line 15 is	10% or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the								
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	zation	▶□
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18							<u> </u>

## 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	Section A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	(=, == ::	(2)	(5) = 1.1	(=,, ====	(=,===	(-)
	include any "unusual grants.")	1618535.	2389531.	2737657.	2935241.	6446037.	16127001.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	15395442.	16057427.	15777705.	5267987.	6320545.	58819106.
3	Gross receipts from activities that are not an unrelated trade or business 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						
6	Total. Add lines 1 through 5	17013977.	<u> 18446958.</u>	18515362.	8203228.	12766582 <b>.</b>	74946107.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	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.
	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						74946107.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	17013977.	18446958.	18515362.	8203228.	12766582.	74946107.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	357,606.	302,146.	308.013.	187,182.	147.459.	1302406.
t	Unrelated business taxable income (less section 511 taxes) from businesses			33373233			
	acquired after June 30, 1975	257 606	202 146	200 012	107 100	147 450	1202406
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	357,606.	302,146.	308,013.	187,182.	147,459.	1302406.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			266,965.			964,325.
	•••			19090340.			
14	First 5 years. If the Form 990 is for the	•					. —
Sec	check this box and stop here ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I			column (f))		15	97.06 %
	Public support percentage from 2020					16	96.93 %
	Section D. Computation of Investment Income Percentage						
17	Investment income percentage for 20	<b>)21</b> (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	1.69 %
	18 Investment income percentage from 2020 Schedule A, Part III, line 17						
	19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly su	upported organizat	ion	<b>▶</b> X
b	33 1/3% support tests - 2020. If the	•				•	
	line 18 is not more than 33 1/3%, che			•		· ·	
20	<b>Private foundation.</b> If the organization	n did not check a l	box on line 14, 19	a, or 19b, check th	is box and see inst	ructions	

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
	. 50	
1		
2		
3a		
3b		
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_		
3с		
4a		
4.		
4b		
4c		
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9a		
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35		
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10a		
401		
10b		ı

Par	Part IV   Supporting Organizations (continued)			
			Yes	No
11	1 Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described on I	lines 11b and		
	11c below, the governing body of a supported organization?	11a		
b	<b>b</b> A family member of a person described on line 11a above?	11b		
С	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11	b. or 11c. provide		
	detail in Part VI.	11c		
Sect	ection B. Type I Supporting Organizations			
			Yes	No
1	1 Did the governing body, members of the governing body, officers acting in their official capacity	, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the support			
	effectively operated, supervised, or controlled the organization's activities. If the organization had organization, describe how the powers to appoint and/or remove officers, directors, or trustees we			
	supported organizations and what conditions or restrictions, if any, applied to such powers during			
		•		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " e.	xplain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that	'		
	supervised, or controlled the supporting organization.	2		
Sect	ection C. Type II Supporting Organizations		_	
			Yes	No
1	1 Were a majority of the organization's directors or trustees during the tax year also a majority of t	the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI	how control		
	or management of the supporting organization was vested in the same persons that controlled or	r managed		
	the supported organization(s).	1		
Sect	ection D. All Type III Supporting Organizations			
			Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided of			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii	i) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previous	ously provided?		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain	in in Part VI how		
	the organization maintained a close and continuous working relationship with the supported orga	` '		
	, , , , , , , , , , , , , , , , , , , ,			
	significant voice in the organization's investment policies and in directing the use of the organization			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organ	nization's		
Sact	supported organizations played in this regard. ection E. Type III Functionally Integrated Supporting Organizations			
		ng tne year (see instructions).		
a				
b			,	
с 2		a a governmental entity (see instruction	ns). Yes	No
		t purposes of	162	NO
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part</b> V	, ,		
	those supported organizations and explain how these activities directly furthered their exemp			
	how the organization was responsive to those supported organizations, and how the organization that these activities constituted substantially all of its activities.	a determined <b>2a</b>		
	one or more of the organization's supported organization(s) would have been engaged in? If "Y			
	Part VI the reasons for the organization's position that its supported organization(s) would have e			
	these activities but for the organization's involvement.	2b		
		tors, or		
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b>	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and a			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990) 2021 ASSOCIATED RECREATION C	COUNCIL		51-0170717 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organiz	zations	V
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 ( <i>explain i</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

\_\_\_ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Schedule A (Form 990) 2021

5

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ued)	
Secti	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required - prior IRS approval - prior IRS approval required - prior IRS approval - prior -	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 ASSOCIATED RECREATION COUNCIL	51-0170717	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	and 2; Part IV, Section ', Section B, line 1e; Par	C, t V,
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:		
MISCELLANEOUS		
INSURANCE REIMBURSEMENT		
VENDING REVENUE		
SERVICE PROVIDER REVENUE		
L&I REFUND		
REFUNDS		
CHILD & ADULT CARE FOOD PROGAM		

132028 01-04-22 Schedule A (Form 990) 2021

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization Employer identification number

ASSOCIATED RECREATION COUNCIL 51-0170717 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$

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

Schedule B (Form 990) (2021)

# ASSOCIATED RECREATION COUNCIL

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 25,000.	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
2		\$\$	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		\$134,760.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 23,601.	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
5		\$ <u>15,000.</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
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

# ASSOCIATED RECREATION COUNCIL

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_		\$ 202,277.	Person X Payroll
(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		\$\$,000.	Person X Payroll
(a)	(b)	(c)	(d)
No10	Name, address, and ZIP + 4	Total contributions  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
11_		\$\$,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		\$\$_12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

# ASSOCIATED RECREATION COUNCIL

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	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		\$ 35,000.	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
15		\$ 25,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4	Total contributions  \$ 27,500.	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		\$ <u>4,056,224</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 Noncash (Complete Part II for noncash contributions.)

# ASSOCIATED RECREATION COUNCIL

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(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
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

SSOCI	ATED RECREATION COUNCIL	<b>L</b>		51-0170717	
art III	Exclusively religious, charitable, etc., contribut	ions to organizations described through (e) and the following li	ne entry. For organi:	7), (8), or (10) that total more than \$1,000 for the yea zations	
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of <b>\$1,0</b> space is needed.	<b>00 or less</b> for the yea	r. (Enter this info. once.) $\Phi$	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
-	<u> </u>	(e) Transfer of	of gift		
-	Transferee's name, address, a	nd ZIP + 4	Relation	onship of transferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
			_		
		(e) Transfer o	of gift		
	Transferee's name, address, a	nd ZIP + 4	Relation	onship of transferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer o	of gift		
	Transferee's name, address, a	nd ZIP + 4	Relation	onship of transferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
—					
		(e) Transfer o	of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

ASSOCIATED RECREATION COUNCIL

**Employer identification number** 51-0170717

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	•	
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose	conferring
_	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ı (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education)	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	•		
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	*	I I
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ment is located	-
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing con	servation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial statem	nents that describes the
<b>D</b>	organization's accounting for conservation easements.	Not Historiaal Tussanus au O	Man Cincilar Assats
Par	Till Organizations Maintaining Collections of A		ther Similar Assets.
10	Complete if the organization answered "Yes" on Form 9  If the organization elected, as permitted under FASB ASC 958,		and balance shoot works
ıa	of art, historical treasures, or other similar assets held for public	·	
	service, provide in Part XIII the text of the footnote to its finance		
h			
b	If the organization elected, as permitted under FASB ASC 958,		
	art, historical treasures, or other similar assets held for public e	anibilion, education, or research in furt	inerance of public service,
	provide the following amounts relating to these items:		<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		
•		www.ar at at a rainilar accets for financia	
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financia	
	If the organization received or held works of art, historical treas the following amounts required to be reported under FASB AS6	sures, or other similar assets for financia C 958 relating to these items:	al gain, provide
а	If the organization received or held works of art, historical treas	sures, or other similar assets for financia C 958 relating to these items:	al gain, provide

	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Sim	ilar Asset	s (contin	ued)	gc <u> </u>
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the t	following tha	t make s	ignific	ant use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how the	ey further th	ne organizatio	on's exe	mpt pu	ırpose in Part	XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organ	ization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran					"Yes" or	ı Form	990, Part IV,	line 9, or		
	reported an amount on Form 990, Par			•							
	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	ontribution	s or other as:	sets not	includ	ed			
	on Form 990, Part X?		•					_	Yes		No
b	If "Yes," explain the arrangement in Part XIII								<del></del>		
	3	,	3						Amount		
С	Beginning balance							1c			
	Additions during the year							1d			
e	Distributions during the year							1e			
f	Ending balance							1f			
	Did the organization include an amount on Fo								Yes	$\Box$	No
	If "Yes," explain the arrangement in Part XIII.									H	
Par							10.				
		(a) Current year		rior year	(c) Two yea			ree years back	(e) Four	years b	ack
1a	Beginning of year balance	, ,	. ,		, ,		,		` /		
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
C	·										
£	and programs										
f	Administrative expenses										
g	End of year balance Provide the estimated percentage of the curr	ont voor and balance	lino 1a	oolumn (o	)) hold as:						
2	-	ent year end balance		, column (a	)) Helu as.						
a	Board designated or quasi-endowment	<u></u> %	_%								
b	Permanent endowment										
С		,* =									
2-	The percentages on lines 2a, 2b, and 2c shows the read and automatic fundament in the percentage.	•	tion that	ora bald are	ad administa	rad far th		ni-ation			
Sa	Are there endowment funds not in the posses	SSION OF THE Organiza	llion mai	. are nelu ai	iu auministe	red for ti	ie orga	dilization	Γ	Yes	No
	by:								20(1)	103	140
	(i) Unrelated organizations								3a(i)	-+	
<b>L</b>	(ii) Related organizations	tions listed as requir		hadula D2					3a(ii)	-+	
									3b		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment it	unas.							
ı uı	Complete if the organization answered		Dart IV	lina 11a S	See Form 990	) Part Y	line 1	n			
	· · · · · · · · · · · · · · · · · · ·					i -			(d) Da -1	د بامار د	
	Description of property	(a) Cost or o basis (investn			or other (other)		Accum eprecia	<b>I</b>	(d) Bool	value	
	Land		iGHL)	Dasis	(GUIGI)	ue ue	, pi ecia	LIOIT			
	Land										
b	Buildings										
C	Leasehold improvements	I				<del>                                     </del>					
d	Equipment										
	Other		V	(D) " :	0 - 1	<u> </u>					0.
ı otal	. Muu iiiles ta iiilluulii te. (Chlimn (d) miist A	guai Form 990. Part .	x colum	n (K) line 1	UC 1			1			•

Schedule D (Form 990) 2021

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

Schedule D (Form 990) 2021 ASSOCIATED	RECREATION COU	JNCIL 5	1-0170717 Page
Part VII Investments - Other Securities.			_ rays
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	I1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
(a)	) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		<b>&gt;</b>
Part X Other Liabilities.			_
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			

(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2021

#### **SCHEDULE G** (Form 990)

Department of the Treasury Internal Revenue Service

#### **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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

ASSOCIATED RECREATION COUNCIL 51-0170717 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g 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** If "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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 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.

**Part II** 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

		or furfulaising event contributions and gro	755 IIICOINE ON 1 ON 390	LZ, III les T al lu ob. List e		is greater triair \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			BOATHOUSE	FUND THE FUN	NONE	(add col. (a) through
			CAPITAL CAMP			col. (c))
•			(event type)	(event type)	(total number)	Coi. (C)
nue						
Revenue	1	Gross receipts	188,535.	71,176.		259,711.
æ						
	2	Less: Contributions	188,535.	71,176.		259,711.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses						
ens	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages		107.		107.
ä						
	8	Entertainment		2 2 2 2		
	9	Other direct expenses		3,377.		7,135.
		Direct expense summary. Add lines 4 through			<b>&gt;</b>	7,242.
<b>D</b>	11	Net income summary. Subtract line 10 from li				-7,242.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	Γ	(L) Dull take (in atom)		(NT-t-l n-n-in-n-(
þ			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo/progressive billigo		coi. (a) through coi. (c)
Вè						
	1	Gross revenue				
	,	Cash prizes				
ses	_	Cash prizes				
ens	2	Noncash prizes				
X	٦	Noncasii prizes				
Direct Expenses	4	Rent/facility costs				
ä	7	Tiena lability code				
	5	Other direct expenses				
	_	1	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	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	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	he organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
b	If "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	Yes No
b	lf "	Yes," explain:				

Sch	nedule G (Form 990) 2021 ASSOCIATED RECREATION COUNCIL 51-0	170	717	Page	3
11	Does the organization conduct gaming activities with nonmembers?		Yes	N	lo
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	□ N	lo
13	Indicate the percentage of gaming activity conducted in:				
	a The organization's facility	13a			%
	<b>b</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:				
	Name				_
	Address				—
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	N	lo
k	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	c If "Yes," enter name and address of the third party:				
	Name				_
	Address ▶				_
16	Gaming manager information:				
	Name				_
	Gaming manager compensation ▶ \$				
	Description of services provided				
					—
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
L	retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		Yes	N	lo
	organization's own exempt activities during the tax year > \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III, lin	es 9, 9	b, 10b,	
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				_
					—
					_
					_

132083 10-21-21 Schedule G (Form 990) 2021

Schedule G	(Form 990)	ASSOCIATED	RECREATION	COUNCIL	51-017071	L7 Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)				

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

Employer identification number 51 – 0170717

ASSOCIATED RECREATION COUNCIL	51-0170717
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
LIFELONG LEARNING PROGRAMS, CLASSES, AND ACTIVITIES.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	TS:
RESTRICTIONS WERE GRADUALLY LIFTED, ARC RELAUNCHED MANY AC	TIVITY
PROGRAMS THAT HAD NOT BEEN OFFERED FOR OVER A YEAR.	
FORM 990, PART VI, SECTION B, LINE 11B:	

THE EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER WORK IN TANDEM WITH THE PREPARERS. ONCE COMPLETED, THE TEAM PRESENTS THE FORM 990 TO THE FINANCE COMMITTEE FOR REVIEW AND QUESTIONS. AFTER DISCUSSION AND ACCEPTANCE BY THE FINANCE COMMITTEE, THE PRESIDENT AND TREASURER DISTRIBUTE THE FORM 990 TO THE ENTIRE BOARD ELECTRONICALLY AND ADDRESS ANY QUESTIONS FROM THE BOARD AT A BOARD MEETING.

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
PARTICIPATE IN THE HIRING, PROMOTION, SUPERVISION OF, OR BE IN A POSITION
TO HAVE INFLUENCE OVER, ANY RELATIVE OR PERSON WITH WHOM THEY HAVE A
SIGNIFICANT PERSONAL RELATIONSHIP OR FINANCIAL INTEREST. A WHISTLEBLOWER
PROTECTION POLICY IS AVAILABLE IN THE EMPLOYEE HANDBOOK, WHICH IS
ACCESSIBLE 24/7, AND A HOTLINE IS AVAILABLE TO REPORT POTENTIAL CONFLICTS

Schedule O (Form 990) 2021 Page 2

Name of the organization

ASSOCIATED RECREATION COUNCIL

Employer identification number 51-0170717

OF INTERESTS OR ANY IMPROPRIETIES WHICH MAY REQUIRE FURTHER INVESTIGATION.

ANY CONFLICT OF INTERESTS IS EXAMINED BY THE ARC EXECUTIVE DIRECTOR AND THE

EMPLOYEE RELATIONS MANAGER.

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

IN 2019, AN INDEPENDENT FIRM, THIRD SECTOR, WAS CONSULTED TO ANALYZE THE EXECUTIVE DIRECTOR'S SALARY IN COMPARISON TO SALARIES FOR EXECUTIVE DIRECTORS OF OTHER NON-PROFIT ORGANIZATIONS OF SIMILAR SIZE TO ARC. THE RESULTS OF THE THIRD SECTOR REVIEW SHOWED ON A COMPARISON BASIS, THE EXECUTIVE DIRECTOR'S SALARY WAS LOW. THIRD SECTOR, THE EXECUTIVE DIRECTOR AND THE BOARD PRESIDENT AGREED THAT A SALARY INCREASE WAS WARRANTED BASED ON THE COMPARABILITY ANALYSIS PROVIDED. IN CONSIDERATION OF FINANCIAL REALITIES, A PHASED APPROACH OVER THREE YEARS WAS RECOMMENDED. THE BOARD PRESIDENT SUBMITTED THE RECOMMENDATION FOR A PHASED SALARY INCREASE BY LETTER TO THE BOARD ON MAY 29, 2019, ASKING FOR AN E-MAIL VOTE ASSOCIATED RECREATION COUNCIL 51-0170717 TO APPROVE. THE BOARD VOTED UNANIMOUSLY TO APPROVE THE PROPOSAL TO PROVIDE A PHASED INCREASE OF THE EXECUTIVE DIRECTOR SALARY OVER A THREE-YEAR PERIOD. A COPY OF EACH DIRECTOR'S VOTE IS KEPT ON FILE BY THE ARC CFO. ON JUNE 3, 2019, THE BOARD PRESIDENT ISSUED A LETTER TO THE EXECUTIVE DIRECTOR AND CFO CONFIRMING THE BOARD APPROVAL OF THE PHASED INCREASES. A COPY OF BOTH LETTERS IS ON FILE WITH THE ARC CFO. IN DECEMBER 2020, A NEW EXECUTIVE DIRECTOR WAS APPOINTED. THE FIRST REVIEW OF THE NEW EXECUTIVE DIRECTOR BY THE BOARD TOOK PLACE ON DECEMBER 22, 2021

FORM 990, PART VI, SECTION C, LINE 18:

THE FORM 990 CAN BE FOUND ON THE WEBSITE. ADDITIONAL INFORMATION IS

AVAILABLE ON REQUEST BY CONTACTING THE ASSOCIATED RECREATION COUNCIL.

Schedule O (Form 990) 2021 Page 2 Employer identification number Name of the organization 51-0170717 ASSOCIATED RECREATION COUNCIL FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE ON OUR WEBSITE AS WELL AS THE CITY OF SEATTLE PARKS DEPARTMENT WEBSITE.