Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545-0047

Open to Public

Inspection

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

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

ΑI	or the	2020 calenda	ar year, or tax year beginning 09/01/2020 and ending		30	31/20	21			
В	Check if applicable: C Name of organization				D Emp	loyer id	entification number			
	Address c	hange	PRETTYBOY RECREATION COUNCIL			5	2-1071231			
	Name cha	•	E Telephone number							
=	Initial retur	rn n/terminated	PO Box 518			41	0-887-1938			
=	Finai returi Amended		City or town, state or province, country, and ZIP or foreign postal code		F Gro	up Exe	mption			
=		n pending	Monkton, MD, 21111		Nur	nber 🕨	>			
G	Account	ting Method:	✓ Cash	нс	Check	▶ ✓ i	f the organization is not			
	Vebsite	_	prettyboyrecreationcouncil.com				ach Schedule B			
JΤ	ax-exen		eck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	l	•		0-EZ, or 990-PF).			
			☐ Corporation ☐ Trust ☑ Association ☐ Other				<u> </u>			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total	assets					
(Pa	rt II, coli	umn (B)) are \$	S500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	63,774			
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see			ctions				
			the organization used Schedule O to respond to any question in this Pa				•			
	1		ons, gifts, grants, and similar amounts received			1	12,496			
	2		ervice revenue including government fees and contracts			2	51,191			
	3	•	ip dues and assessments	•		3	0.7171			
	4	Investment		•		4	87			
	5a		ount from sale of assets other than inventory 5a	•		-				
	b		or other basis and sales expenses		0	_				
	C		ss) from sale of assets other than inventory (subtract line 5b from line 5a) .			5c	0			
	6		Gaming and fundraising events:							
ne	а		ome from gaming (attach Schedule G if greater than	0						
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of contrib	ution						
è			aising events reported on line 1) (attach Schedule G if the							
_			th gross income and contributions exceeds \$15,000) 6b		0					
	С	Less: direc	t expenses from gaming and fundraising events 6c		0					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and	sub	tract					
		line 6c) .				6d	0			
	7a	Gross sale	s of inventory, less returns and allowances 7a		0					
	b		of goods sold		0	_				
	С		it or (loss) from sales of inventory (subtract line 7b from line 7a)			7c	0			
	8		nue (describe in Schedule O)			8	0			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	63,774			
	10		I similar amounts paid (list in Schedule O)			10	0			
	11		aid to or for members			11	0			
Ś	12		ther compensation, and employee benefits			12	0			
Expenses	13		al fees and other payments to independent contractors			13	0			
oe.	14		y, rent, utilities, and maintenance			14	0			
Ä	15		ublications, postage, and shipping			15	0			
	16		enses (describe in Schedule O) .See Schedule O, Statement 1			16	60,388			
	17		enses. Add lines 10 through 16			17	60,388			
	18		(deficit) for the year (subtract line 17 from line 9)			18	3,386			
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must a			10	3,300			
SS			ir figure reported on prior year's return)			19	40 247			
Net Assets	20	-	nges in net assets or fund balances (explain in Schedule O)			20	68,367			
Ž	21		or fund balances at end of year. Combine lines 18 through 20			21	71,753			
	ı — ·	. 10. 00000	or raine balances at one or year. Combine into 10 through 20	•	. –	1	11,103			

Form 990-EZ (2020) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 68,367 22 22 Cash, savings, and investments 71,753 0 23 23 Land and buildings 0 Other assets (describe in Schedule O) 24 0 24 0 25 68,367 25 71,753 26 Total liabilities (describe in Schedule O) 0 26 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 68.367 27 71,753 Statement of Program Service Accomplishments (see the instructions for Part III) Part III **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 2 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. HomeBase Program children's before and after school program designed to provide educational and recreational opportunities. Runs all year with approximately 40 to 60 participants and 4 volunteers 28a (Grants \$ 0) If this amount includes foreign grants, check here . . . 37,637 Baseball Softball Program Children's recreational baseball and softball program with instruction, practice and games in the spring and early summer. Serves approximately 100 partici[pants with 30 volunteers 0) If this amount includes foreign grants, check here 29a (Grants \$ 6,081 Adult Basketball Program'; Program features free play and games in the evenings, program runs tyhrough the fall winter and spring. Serves approximately 30 participants with approximately 2 volunteers. (Grants \$ 0) If this amount includes foreign grants, check here . . . 30a 487 31 Other program services (describe in Schedule O) See.Schedule O, Statement 3. 0) If this amount includes foreign grants, check here (Grants \$ 31a 4,360 32 48,565 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of hours per week (a) Name and title (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Kevin Lang 3.00 0 0 0 **President** Glen Baer 2.00 0 0 0 Vice _President 0 **Patrick Rissmiller** 2.00 0 0 **Treasurer** Stephanie Wienecke 2.00 0 0 0 Secretary Debi Kale 2.00 0 0 0 **Corresponding Secretary**

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part	٧.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		,
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		_
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	-		
39	Section 501(c)(7) organizations. Enter:	•		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
-	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		,
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ► MD			
42a	The organization's books are in care of ▶ Patrick Rissmiller Telephone no. ▶	110-35	7-9233	3
	Located at D. DO Pay E19 Monkton MD 21111	21.	111	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
	To the state of th		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
D	completed instead of Form 990-EZ	44b		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		V
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	0		
~	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45h		./

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 990-	EZ (20	J2U)							1	Page -
									Yes	No
		ne organization engage, directly or in								
		ndidates for public office? If "Yes," c		Part I		• •		. 46	<u> </u>	'
Part V		Section 501(c)(3) Organizations All section 501(c)(3) organizations		etione 47_40h ar	nd 52 an	d con	anloto th	o tablos	for lin	.00
		50 and 51.	s must answer que	5110115 41 –430 ai	iu 52, an	u con	ibiere in	e labies	101 1111	163
		Check if the organization used Sch	nedule O to respond	to any question i	n this Pa	t VI				
		onesk ii the organization asca oor	icadic O to respond	to any question	ii tiiio i a	. VI			Yes	No
47 [Did th	ne organization engage in lobbying	activities or have a	section 501(h) elec	ction in ef	fect d	uring the	tax	+:	1
		If "Yes," complete Schedule C, Part						. 47	,	V
48 Is	s the	organization a school as described in	n section 170(b)(1)(A)(ii	i)? If "Yes," comple	te Schedu	ıle E		. 48	j	~
49 a 🛚	Did th	ne organization make any transfers to	o an exempt non-cha	ritable related orga	anization?			. 49	а	~
		s," was the related organization a se								
		plete this table for the organization's								
е	emplo	oyees) who each received more than	\$100,000 of comper	sation from the or				e, enter "	None.	
	(-)	Name and title of each employee	(b) Average	(c) Reportable		Health b utions to	enefits, o employee	(e) Estima	ted amo	unt of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS	benefit	plans, aı	nd deferred		ompensa	
Nicon			·	,	, ,	ompens	ation			
None										
		number of other employees paid over				_				
51 (Comp	plete this table for the organization's 000 of compensation from the organ	s five highest compe	ensated independe ne enter "None"	ent contra	ctors	who each	n receive	d more	e thar
Ψ										
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service		(c)	Compensa	ation	
None										
						$-\!\!\!\!+$				
						-+				
d T	otal	number of other independent contra	ctors each receiving	over \$100 000						
		he organization complete Schedu	=		ganizatio	ns mi	ıst attack			
		leted Schedule A			•			► ̈́ ✓ Ye	s 🗌	No
Under pen	alties	of perjury, I declare that I have examined this r	eturn, including accompan	ying schedules and stat	ements, and	to the b	est of my kr			, it is
true, corre	ct, and	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepa	rer has any k	nowledo	ge.			,
		<u> </u>								
Sign		Signature of officer				Date				
Here		Kevin Lang, President								
	Щ,	Type or print name and title	ID 1		5.					
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	if PTIN		
Prepai						Τ.	self-emplo	yed		
Use O	nly	Firm's name				Firm's EIN ▶				
May the	IRS	Firm's address ► discuss this return with the preparer	shown above? See i	netructions		Phone	e no.	► ∏ Ye		No
.viuy LIIC		alocado uno rotarri with the preparer	SHOWIN ADDVE: OFF					- 🗀 : 6	∕• ∟ l	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	of the organization						Employer identification	n number
	PRETTYBOY RECREATION COUNCIL 52-1071231							
Par				l organizations mus				ons.
The c	•	•		s: (For lines 1 through		-	•	
1				on of churches descri				
2				(Attach Schedule E (F				
3 4	•			ganization described in Onjunction with a hosp				(iii) Entar tha
	hospital's nam	ne, city, and stat	e:					
5	section 170(b)(1)(A)(iv). (Com	plete Part II.)	college or university		·		al unit described ii
6			•	mental unit described				
7			receives a subs (A)(vi). (Complet	tantial part of its sup te Part II.)	port from	a gover	nmental unit or from	n the general publi
8	☐ A community	trust described i	n section 170(b)	(1)(A)(vi). (Complete F	Part II.)			
9				d in section 170(b)(1) (iculture (see instruction				
10	An organization receipts from support from support	activities related gross investmen	to its exempt fu t income and un	e than 33 ¹ /3% of its su nctions, subject to ce related business taxal 75. See section 509(a	rtain exce ole incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	33 ¹ / ₃ % of its
11				sively to test for public				
12				sively for the benefit of				
				ns described in secti scribes the type of sup				
а	the suppor	ted organization	n(s) the power to	I, supervised, or contr regularly appoint or e ete Part IV, Sections	lect a ma	jority of t		
b	control or	management of	the supporting o	sed or controlled in co organization vested in V, Sections A and C.	the same			
С				ting organization oper ons). You must comp l				ally integrated with,
d	that is not	functionally inte	grated. The orga	pporting organization nization generally must complete Part IV, Sec	st satisfy	a distribu	ıtion requirement an	
е				a written determination				e II, Type III
f	Enter the number							
g	Provide the follo	wing informatio	n about the supp	oorted organization(s).				
	(i) Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)	;)							
(D)								
(E)								
Total	ı							

Part	• • • • • • • • • • • • • • • • • • • •						
	(Complete only if you checked the Part III. If the organization fails to						ality under
Secti	on A. Public Support	quanty arran		, , , , , , , , , , , , , , , , , , ,			
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(-)		(5)	(4)	(4)	(4)
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support				(0 00 10		
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4						
9	similar sources						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12 13	Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the	organization'	s first, second		-		
Casti	organization, check this box and stop he		· · · · ·				
5ecu 14	on C. Computation of Public Suppor Public support percentage for 2020 (line 6			11 column (4)		14	%
15 16a	Public support percentage from 2019 Sch 331/3% support test—2020. If the organi box and stop here. The organization qua	nedule A, Part zation did not	II, line 14 . check the box	on line 13, ar	 nd line 14 is 33	15 3 ¹ / ₃ % or more,	% check this
b	331/3% support test—2019. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16	a, and line 15	is 33 ¹ /3% or m	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization ment VI how the organization meets the organization	eets the facts	-and-circumst	ances test, ch	eck this box a	and stop here .	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	n meets the fa facts-and-cir	acts-and-circu	mstances test, est. The organi	check this bo zation qualifie	x and stop he	re. Explain
18	Private foundation. If the organization					check this bo	x and see

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.)

Secti	on A. Public Support				•	•	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	222,693	283,259	257,468	137,548	63,688	964,656
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	0	0	0	0	0	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge					•	
6	Total. Add lines 1 through 5	222,693	202.250	0 257.460	127 540	0	0(4.45
7a	Amounts included on lines 1, 2, and 3	222,093	283,259	257,468	137,548	63,688	964,656
, ,	received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3	0	<u> </u>	0	0	- 0	
D	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	0	0	0	0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						
	line 6.)						964,656
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	222,693	283,259	257,468	137,548	63,688	964,656
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
_	royalties, and income from similar sources .	8	10	24	185	87	314
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					•	
С	Add lines 10a and 10b	8	10	0 24	0 185	0 87	0
11	Net income from unrelated business	8	10	24	185	87	314
•••	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	222,701	283,269	257,492	137,733	63,775	964,970
14	First 5 years. If the Form 990 is for the	•			-		` ' ; '
	organization, check this box and stop he						▶ _
	on C. Computation of Public Suppor					T .= T	
15	Public support percentage for 2020 (line 8		•			15	99.97 %
16 Saati	Public support percentage from 2019 Sch					16	99.98 %
	on D. Computation of Investment Inc Investment income percentage for 2020 (v line 12 sel	mn (f)\	17	0.02 0/
17 10	· · · · · · · · · · · · · · · · · · ·			-		18	0.03 %
18 19a	Investment income percentage from 2019 331/3% support tests—2020. If the organ						0.02 %
198	17 is not more than 33 ¹ / ₃ %, check this box						
b	33 ¹ / ₃ % support tests—2019. If the organiz	_	_	-		_	_
D	line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di	_	_	•		-	

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.)

ecu	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		res	NO
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a		3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
0a	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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to			

determine whether the organization had excess business holdings.)

10b

Part I	V Supporting Organizations (continued)		-	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
0 1: -	detail in Part VI.	11c		
Secu	on B. Type I Supporting Organizations		V	NI.
			Yes	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	4		
Section	on D. All Type III Supporting Organizations	1		
occur	71 D. All Type III oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Casti	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	notru	otion	2)
1 a	The organization satisfied the Activities Test. Complete line 2 below.	เเอเเน	CHOIR	s).
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see in	struct	ions).
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	,000	Yes	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	0-		
		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	2h		

(see instructions).

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete 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				
	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
<u>u</u>	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
	Discount claimed for blockage or other factors					
е	(explain in detail in Part VI):	1e				
	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				
	ion C—Distributable Amount	0		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				
_	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	Ť				
	emergency temporary reduction (see instructions).	6				
7	☐ Check here if the current year is the organization's first as a non-function	ally i	integrated Type III suppor	ting organization		

Secti	Section D—Distributions						
1	Amounts paid to supported organizations to accomplish	1					
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required-	–provide 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 whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	8			
9	Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020		
1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2020						
а	From 2015						
b	From 2016						
С	From 2017						
d	From 2018						
е	From 2019						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2020 distributable amount						
i	Carryover from 2015 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2020 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7	Excess distributions carryover to 2021. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а	Excess from 2016						
b	Excess from 2017						
С	Excess from 2018						
d							
_	Evenes from 2020						

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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

SCHEDULE O (Form 990 or 990-EZ)

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.

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization	Employer identification number
PRETTYBOY RECREATION COUNCIL	52-1071231

Schedule O, Statement 1

PRETTYBOY RECREATION COUNCIL

Form: **Form 990-EZ (2020)** EIN: **52-1071231**

Page: 1

Part I, Line 16

Other Expenses Structured Explanation

Description	Amount
Program Service Expense Other Programs	829
General Fund Expense	11,823
Bank Service Charge	288
Office Supplies	381
Commuity Support	850
Program Service Expense	46,217
Total:	60,388

Schedule O, Statement 2

PRETTYBOY RECREATION COUNCIL

Form: Form 990-EZ (2020) EIN: 52-1071231

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

To provide recreational opportunities for children and adults in the Prettyboy Elementary School area of Northern Baltimore county. Working with the Baltimore County Department of Parks and Recreation a variety of sports, crafts and learning programs are offered to the community

Schedule O, Statement 3

PRETTYBOY RECREATION COUNCIL

Form: Form 990-EZ (2020)

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Part III, Line 31

Page: 2

Other Program Service Accomplishments

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
Indoor Soccer Children's recreational and instructional program for 4 to 8 year olds Runs in the fall and winter. Serves approximately 80 participants with 12 volunteers.	0		311
Soccer Program Children;s outdoor soccer program consisting of instruction, practices, and games that runs 10 to 12 weeks in the fall. Serves approximately 200 Participants with approximately 30 volunteers.	0		3,949
Basketball Program Childrens recreational basketball program featuring instruction,praxtice and games in the winter. Serves approximately 100 participants with approximately 12 volunteers	0		100
Total:			4,360