Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

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

4 F	or th	e 2023 calendar year, or tax year beginning OC1 1, 2025 and	enaing 2	EP 30, 2024				
3 C	heck if pplicab	RECREATION COUNCIL OF		D Employer identific	cation number			
	_Addre							
	Name chang	Doing business as	43-1284843					
	□Initial return □Final return		Room/suite	E Telephone numbe 31472660				
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,376,304.				
	Amen return	ded ST. LOUIS, MO 63141	H(a) Is this a group re	eturn				
	Application	F Name and address of principal officer: SUSAN FLEMING		for subordinates	? Yes X No			
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
ΙT	ax-ex	tempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) of the status X 501(c) () X 501(c) ()	or 527	If "No," attach a	list. See instructions			
	Vebsi			H(c) Group exemptio				
		forganization: X Corporation Trust Association Other	L Year	of formation: 1983 N	1 State of legal domicile: MO			
Pa	art I	Summary						
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ENABIDISABILITIES TO ENJOY LIFE.	LE INI	DIVIDUALS WI	TH			
š	2	Check this box if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as				
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	11			
න ග	4	Number of independent voting members of the governing body (Part VI, line 1b)			11			
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	5			
Ĭ	6	Total number of volunteers (estimate if necessary)			0			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.			
				Prior Year	Current Year			
ne	8	Contributions and grants (Part VIII, line 1h)		1,109,217.	1,361,355.			
Revenue	9	Program service revenue (Part VIII, line 2g)		1,751.	11,000.			
Вè		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9.	14.			
_	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,051.	3,935.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,119,028.	1,376,304.			
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		348,110.	388,531.			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
nec	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 8,4	87.	0.	0.			
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		784,247.	973,642.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,132,357.	1,362,173.			
		Revenue less expenses. Subtract line 18 from line 12		-13,329.	14,131.			
es		Tievende less expenses, oubtract line to nomine 12		eginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		209,400.	246,873.			
ASS J Ba	21	Total liabilities (Part X, line 26)		71,520.	94,862.			
Į, MET	22	Net assets or fund balances. Subtract line 21 from line 20		137,880.	152,011.			
	rt II	Signature Block	<u>'</u>	-				
Jnde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the best of m	y knowledge and belief, it is			
rue,	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparei	has any knowledge.				
Sign	n	Signature of officer		Date				
Her	е	SUSAN FLEMING, EXECUTIVE DIRECTOR						
		Type or print name and title		Data I	II DTIN			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid		BRADLEY BEKEBREDE	<u> </u>	01/13/25 if self-employs				
-	oarer	Firm's name HOLT & PATTERSON, LLC		Firm's EIN 8	4-1684254			
use	Only	Firm's address 260 CHESTERFIELD INDUSTRIAL BLVD	•		26\ E20 1040			
_		CHESTERFIELD, MO 63005		Phone no. (6	36) 530-1040			
May	the I	RS discuss this return with the preparer shown above? See instructions			X Yes No			
-	Ear	Lionamuauk Daduatian Aat Blatica asa tha sanayata inatyuatiana	0.04.00		Lorm MMI (2022)			

Form	1990 (2023) GREATER ST LOUIS	43-1284	1843	Page 2
	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission:			
	PROVIDE INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES W	ITH THE		
	OPPORTUNITY TO HAVE FUN, BE ACTIVE, SOCIALIZE, GAIN I	NDPENDENCE	E AND	
	DISCOVER THEIR LIFE'S PASSION			
2	Did the organization undertake any significant program services during the year which were not listed on the	20		
2			Vee	X No
	prior Form 990 or 990-EZ?		1es	INO
_	If "Yes," describe these new services on Schedule O.	0	Yes	v
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ces?	L Yes	LA_ No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program service			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total ex	penses, a	and
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$1, 189, 447. including grants of \$) (Revenue \$)
	RECREATION SERVICES			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-				
4c	(Code:) (Expenses \$ including grants of \$) (I	Revenue \$)
4d	Other program services (Describe on Schedule O.)			
тu			١	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 1, 189, 447.		J	
70				

4e Total program service expenses

Form 990 (2023) GREATER ST L 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	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			X
4	public office? If "Yes," complete Schedule C, Part I	3		Λ
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			
3	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			. v
_	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,	7		X
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>			22
8	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
3	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			_ v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
ŭ	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?			٠,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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	11.0		
	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		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ _{3,7}
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
20~	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	• ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			

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RECREATION COUNCIL OF GREATER ST LOUIS Form 990 (2023) GREATER ST LOUIS
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,
	Schedule K. If "No," go to line 25a	24a		Х
		24b		
С		٠.		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	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			
		25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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			
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,
	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			x
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
50	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-00		
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
		38	Х	
Par		-	-	•
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	<u> </u>
		_	4 14 1/7	

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,	_			
	, , , , , , , , , , , , , , , , , , , ,	2a 5		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s?	2b	Х	37
3a			3a		X
	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 au				. v
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		X
b	If "Yes," enter the name of the foreign country	(EDAD)			
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc		F-		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30		
ua			6a		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribution		- Oa		
b	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	ces provided to the payor?	7a		х
	temperature and the state of th	provided to the payor.	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
•	to file Form 8282?	•	7c		х
d	1	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor	I	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizati	on file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b	y the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	ı			
а		0a			
b	1 / / / / / / / / / / / / / / / / / / /	0b			
11	Section 501(c)(12) organizations. Enter:	. 1			
		1a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	dl.			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1b	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	I	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	20			
	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.		100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
		3b			
С		3c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	0	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.	tion or			
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncome?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any active	vities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form 990 (2023)

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,

	to line di, de, et a solo ii, decense the discussion, proceeded, or charged on constant e.			77
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			·
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С				
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iou	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed MO			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) avail	ahle
10	for public inspection. Indicate how you made these available. Check all that apply.	o orny	, avail	abie
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	ncial	
19	statements available to the public during the tax year.	u iiiidi	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	RECREATION COUNCIL OF GREATER ST. LOUIS - 3147266044			
	11457 OLDE CABIN ROAD #235, ST. LOUIS, MO 63141			
	,			

Form 990 (2023) GREATER ST LOUIS 43-12 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Charle if Cahadula O agretina a manager annata ta agretina in this Dart VIII	
Check if Schedule O contains a response or note to any line in this Part VII	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)	Ĭ	(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than		one	Reportable	Reportable	Estimated		
	hours per	box offi	, unle cer ar	ess person is both an and a director/trustee)			h an tee)	compensation	compensation from related	amount of other
	week (list any	.tor	ig D			\Box		from the	organizations	compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			oen sa t		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		ploye	comb		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SUSAN FLEMING	40.00	=	=	0	~	工 も	Œ			
EXECUTIVE DIRECTOR		1		х				87,100.	0.	0.
(2) LATRISA MORGAN	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) KATIE BANISTER	2.00									
PAST PRESIDENT		Х		X				0.	0.	0.
(4) AIMEE TOY	2.00	ļ								
SECRETARY / TREASURER	1 00	Х		Х				0.	0.	0.
(5) ANNA ZELINSKE	1.00	١,,							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(6) BRITTANY MOSS	1.00	X						0.	0.	0
BOARD MEMBER (7) GORDON REA	1.00	^						0.	0.	0.
(7) GORDON REA BOARD MEMBER	1.00	X						0.	0.	0.
(8) JANINE ROE	1.00	122						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(9) JOCELYN DIEHL	1.00	┢								
BOARD MEMBER		x						0.	0.	0.
(10) MAYILYN MOTCHAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) STEVE SKAGGS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) TRACY KONDLA	1.00									
BOARD MEMBER		Х						0.	0.	0.
		1								
		1								
		<u> </u>	\vdash	_		_				
		-								
		┨								
		\vdash	\vdash	\vdash		\vdash				
		1								
								I.		OOO (0000)

(A)		stees, Key Employees, and Highest C							(D) (E)				(F)	_
	Name and title	Average	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable	Reportable compensation		E:	stimate	ed
		hours per					s botl	h an	compensation				nount	
		week	\vdash	cer an	d a di	irecto	r/trus	tee)	from	from related			other	
		(list any hours for	director						the	organizations			npensa	
		related	or di	ee.			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	C/		rom th	
		organizations	rustee	l trust		ee	mpen		1099-NEC)	1099-1120)		ı `	ganizat ıd relat	
		below	Individual trustee or	Institutional trustee	_	Key employee	est co o yee	er	1353 1123,				anizati	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
		1												
1b	Subtotal								87,100.		0.			0
	Total (add lines the and to)								0. 87,100.		0.			0
2	Total (add lines 1b and 1c) Total number of individuals (including but								•	,000 of reportable				
	compensation from the organization												1.7	
_	Diel Heat and State of the Company o		1		1			. 1- 11	h t t - d				Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			-	-	•		_	•	-		3		Х
4	For any individual listed on line 1a, is the s								ner compensation from			3		
	and related organizations greater than \$15	50,000? <i>If</i> "Yes,	" coi	mple	ete S	Sche	dule	J fo	or such individual			4		Х
5	Did any person listed on line 1a receive or													
_	rendered to the organization? If "Yes," con	nplete Schedul	e J f	or su	ıch p	pers	on .					5		X
	ction B. Independent Contractors Complete this table for your five highest co	omponented in	dono	ndo	nt o	ontr	ooto	vro tl	hat received more than	\$100,000 of com	nono	otion	from	
1	the organization. Report compensation for										pens	alion	110111	
	(A) Name and business			ONE					(B) Description of s		C		C) ensatio	n
									·					
								+						

Form 990 (2023)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 1,338,262. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 23,093. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g |\$ 1,361,355 h Total. Add lines 1a-1f **Business Code** 11,000. 624100 11,000. 2 a OTHER PROGRAM REVENUES Program Service Revenue f All other program service revenue 11,000. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 14. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 3,935. 11 a MISCELLANEOUS REVENUE 900099 3,935. b d All other revenue 3,935. e Total. Add lines 11a-11d 1,376,304 14,935.

Total revenue. See instructions

RECREATION COUNCIL OF GREATER ST LOUIS

Form 990 (2023)

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 (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundráisina 7b, 8b, 9b, and 10b of Part VIII. expenses 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, 87,100. 43,550. 43,550. 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) 226,698. 192,433. 34,265. Other salaries and wages 7 Pension plan accruals and contributions (include 5,438. 3,906. 1,532 section 401(k) and 403(b) employer contributions) 10,553. 46,388. 35,835. Other employee benefits 9 5,814. 22,907. 17,093. Payroll taxes 10 Fees for services (nonemployees): 11 a Management Legal 7,250. 7,250. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 9,546. 9,546. column (A), amount, list line 11g expenses on Sch O.) 3,141. 3,141. Advertising and promotion 12 20,089. 20,788. 699. Office expenses 13 14 Information technology 15 Royalties 10,605. 10,605. 16 Occupancy 2,351. 2,351. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 2,641. 2,641. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 1,817. 1,817. Depreciation, depletion, and amortization 22 5,791. 5,791. 23 Other expenses. Itemize expenses not covered 24 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.) 895,931. 895,931. CLIENT ASSISTANCE 8,487. **FUNDRAISING** 8,487. 4,978. OTHER EXPENSES 4,978. DUES AND SUBSCRIPTIONS 316. 316. e All other expenses Total functional expenses. Add lines 1 through 24e 1,362,173. 1,189,447. 164,239. 8,487. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X Balance Sheet

Pa	IL A	Balance Sheet					
		Check if Schedule O contains a response or	note to any lir	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			56,953.	1	103,945.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		96,723.	3	117,797.	
	4	Accounts receivable, net		22,000.	4		
	5	Loans and other receivables from any curren			7		
	ਁ	trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	•	`		6	
Ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		50,450.			
	b	Less: accumulated depreciation		47,119.	5,148.	10c	3,331.
	11	Investments - publicly traded securities			·	11	·
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	28,576.	15	21,800.		
	16	Total assets. Add lines 1 through 15 (must e			209,400.	16	246,873.
	17	Accounts payable and accrued expenses		46,694.	17	73,062.	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
Se	22	Loans and other payables to any current or f	ormer officer,	director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial con	tributor, or 35%			
japi		controlled entity or family member of any of t	hese persons	s		22	
_	23	Secured mortgages and notes payable to un	related third p	oarties		23	
	24	Unsecured notes and loans payable to unrela	ated third par	ties		24	
	25	Other liabilities (including federal income tax,	payables to r	related third			
		parties, and other liabilities not included on li	nes 17-24). C	omplete Part X			
		of Schedule D			24,826.	25	21,800.
	26	Total liabilities. Add lines 17 through 25			71,520.	26	94,862.
ဟု		Organizations that follow FASB ASC 958, or	check here	X			
၁င		and complete lines 27, 28, 32, and 33.			41 155		24 014
ala	27				41,157.	27	34,214.
d B	28	Net assets with donor restrictions			96,723.	28	117,797.
ڌ		Organizations that do not follow FASB AS6	C 958, check	here			
P		and complete lines 29 through 33.					
ets (29	Capital stock or trust principal, or current fun				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			127 000	31	150 011
ž	32	Total net assets or fund balances			137,880. 209,400.	32	152,011.
	33	Total liabilities and net assets/fund balances			407,400.	33	246,873.

Form **990** (2023)

43-1284843 GREATER ST LOUIS Page **12** Form 990 (2023) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1,376,304. 1 Total revenue (must equal Part VIII, column (A), line 12) 1 1,362,173. Total expenses (must equal Part IX, column (A), line 25) 2 2 14,131. 3 Revenue less expenses. Subtract line 2 from line 1 3 137,880. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 152,011. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: X Cash 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? Х 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b 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 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2023)

Х

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

RECREATION COUNCIL OF Name of the organization GREATER ST LOUIS 43-1284843 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990) 2023

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 335,444 968,283 1109217. 1372355 4679975. include any "unusual grants.") 894,676. 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 335,444. 968,283. 1109217. 1372355. 894,676. 4679975. 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) 4679975. 6 Public support. Subtract line 5 from line 4. Section B. Total Support (a) 2019 894,676. (d) 2022 Calendar year (or fiscal year beginning in) (b) 2020 (c) 2021 (e) 2023 (f) Total 335,444. 968,283. 1109217. 1372355 4679975. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, 12 2. 6 9. 14. 43. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 16,196. 9,534 9,261 9,802. 14,935 59,728 assets (Explain in Part VI.) 4739746. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.74 14 % 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 98.88 15 Public support percentage from 2022 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2022. 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 - 2023. 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 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990) 2023

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						_
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						_
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>					
14	First 5 years. If the Form 990 is for the	-			•		ion,
<u></u>	check this box and stop here	io Cupport Do	rooptogo				<u></u>
	ction C. Computation of Publ			l (f)		l a e	0/
	Public support percentage for 2023 (15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					10	<u>%</u>
	-			no 12 oolumn (f)\		17	20
	a 33 1/3% support tests - 2023. If the						%
136							i is not
L	more than 33 1/3%, check this box a 33 1/3% support tests - 2022. If the						
K							
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	Sa		
	O.L.		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	Sa		
	Eh		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	30		
	10-		
	10a		
	40.		
	10b		
lule	A (Forr	n 990)	2023

Schedule A (Form 990) 2023

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ily member of a person described on line 11a above?	11b		
С	A 35%	controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
C		pported organization(s).	1		
sec	tion L	D. All Type III Supporting Organizations			
	5			Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	•	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2	`	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described on line 2, above, did the organization's supported organizations have a cant voice in the organization's investment policies and in directing the use of the organization's			
	•	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a		The organization satisfied the Activities Test. Complete line 2 below.	-		
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	1s).	
2	Activit	ies Test. Answer lines 2a and 2b below.	ļ	Yes	No
а	Did su	ibstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	ne organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	Ithe 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		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	e 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.

GREATER ST LOUIS

43-1284843 Page 6 Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): 1a a Average monthly value of securities

1b

6

Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
tion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
	(explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) tion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3.	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 tion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3.	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 tion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3.

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

Schedule A (Form 990) 2023

b Average monthly cash balances

emergency temporary reduction (see instructions).

instructions).

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 6 Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 **c** From 2020 **d** From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder, Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule A (Form 990) 2023

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 B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Employer identification number Name of the organization RECREATION COUNCIL OF GREATER ST LOUIS 43-1284843 Organization type (check one):

Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	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					
	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
-	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						
sections 509(a)(1) contributor, during	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.					
contributor, during literary, or educat	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 religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
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).						

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

Schedule B (Form 990) (2023)

Name of organization
RECREATION COUNCIL OF
GREATER ST LOUIS

Employer identification number

43-1284843

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PRODUCTIVE LIVING BOARD 121 HUNTER AVE #200 ST. LOUIS, MO 63124	\$ 982,054.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ST. CHARLES DEVELOPMENTAL DISABILITIES RESOURCE BOARD 1025 COUNTRY CLUB ROAD ST. CHARLES, MO 63303	\$ 93,882.	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	ST. LOUIS OFFICE FOR DEVELOPMENTAL DISABILITY RESOURCES 2121 HAMPTON AVE ST. LOUIS, MO 63139	\$\$	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
RECREATION COUNCIL OF
GREATER ST LOUIS

Employer identification number

43-1284843

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

Name of organization
RECREATION COUNCIL OF
GREATER ST LOUIS

Employer identification number

43-1284843

Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described in s	section 501(c)(7), (8), or (10) that total more than \$1,000 for the ye					
	from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations							
	completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$							
(a) No	Ose duplicate copies of Fart III II additionals	space is fleeded.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	.,	., .	., .					
-		(a) Turneferreferr	:a					
		(e) Transfer of gi	μπ					
L	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
		_						
								
(a) No								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(5): 4: 5000 0: 9	(0) 200 0. 9	(a) Besonption of now girt to note					
		_						
-								
		(e) Transfer of gi	jift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
Γ								
(a) No								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(5): 4: 5000 0: 9:::	(0) 200 0. g	(u) Decemption of now girtle nota					
-								
	(e) Transfer of gift							
L	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(5): 5: 6: 6: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5:	(0, 000 0. g	(u) z see i puen et non gittie neru					
		-						
	-	-						
-		/ / -						
		(e) Transfer of gi	JΠ					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
Γ								
	-							

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

RECREATION COUNCIL OF GREATER ST LOUIS

Employer identification number 43-1284843

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ımaı ı unus Ul <i>F</i>	Accounts. Complete if the
		(a) Donor advised f	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v			
	are the organization's property, subject to the organization's	exclusive legal control? \dots		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gran	t funds can be used	only
	for charitable purposes and not for the benefit of the donor of	•		
	impermissible private benefit?			
Pa			on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat			orically important land area
	Protection of natural habitat	∟ F	Preservation of a cert	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contributi	ion in the form of a c	
	day of the tax year.			Held at the End of the Tax Yea
а				2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included on line 2c acqui	•		
_	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or ter	minated by the orga	nization during the tax
	year			
4	Number of states where property subject to conservation eas		 _	
5	Does the organization have a written policy regarding the per			
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and	enforcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enfo	rcina conservation e	asements during the year
•	, thouse of expenses mounted in monitoring, mopeeting, name	ing or violations, and onto	roing conservation c	ascinionts daring the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of	of section 170(h)(4)(B	e)(i)
	and section 170(h)(4)(B)(ii)?	•		Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's fi	nancial statements t	hat describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 956	8, not to report in its reven	ue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, o	r research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that descr	ibes these items.	
b	If the organization elected, as permitted under FASB ASC 956	8, to report in its revenue s	statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	esearch in furtherand	ce of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	-		\$
h	Assets included in Form 990. Part X			\$

	RECREAT]	CON CO	JNCIL OF	ı						
Sche	dule D (Form 990) 2023 GREATER	ST LO	JIS				43-	-128	4843	Page 2
	t III Organizations Maintaining Co			torical Tr	easures, o	or Other				
3	Using the organization's acquisition, accession	n, and othe	r records, chec	k any of the	following tha	t make sign	ificant use o	of its		-
	collection items (check all that apply).	•	•	•		· ·				
а	Public exhibition		d \square	Loan or exc	hange progra	am				
b	Scholarly research		е 🗌	Other	0 1 0					
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and	d explain how t	hev further t	he organizati	on's exemp	t purpose in	ι Part)	XIII.	
5	During the year, did the organization solicit or			-	-		-			
	to be sold to raise funds rather than to be ma		•		•				Yes	No
Pai	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Part		•	Ü			,	,	,	
1a	Is the organization an agent, trustee, custodia	an, or other	intermediary fo	r contributio	ns or other a	ssets not in	cluded	,		
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
	, 1		J					F	Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						?		Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.									
	t V Endowment Funds Complete if t									
		(a) Current	year (b) F	Prior year	(c) Two year	rs back (d)	Three years b	oack ((e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curre	ent year end	d balance (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_							
С	Term endowment9	6								
	The percentages on lines 2a, 2b, and 2c shou	uld equal 10	0%.							
За	Are there endowment funds not in the posses	ssion of the	organization th	at are held a	nd administe	ered for the				
	organization by:								Y	es No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat								3b	
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipme	ent								
	Complete if the organization answered	l "Yes" on F	orm 990, Part I	V, line 11a. S	See Form 990), Part X, line	e 10.			
	Description of property	(a) C	ost or other	(b) Cost	or other	(c) Accu	mulated	(6	d) Book v	alue
		basis	(investment)	basis	(other)	depre	ciation			
1a	Land									
_				1						

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a	Land					
b	Buildings					
	Leasehold improvements					
d	Equipment		50,450.	47,119.	3,331.	
е	Other					
	Fotal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))					

Schedule D (Form 990) 2023

RECREATION	N COUNCIL OF		
Schedule D (Form 990) 2023 GREATER ST	r LOUIS	4	3-1284843 Page 3
Part VII Investments - Other Securities			, and the second
Complete if the organization answered "Yo	es" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security	ty) (b) Book value	(c) Method of valuation: Cost or e	end-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, line 12, col. (B))			
Part VIII Investments - Program Related			
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
(1) RIGHT-OF-USE ASSET			21,800.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15	, col. (B))		21,800.
Part X Other Liabilities			
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY			21,800.
(3)			
(4)			
(5)			
(6)			

21,800. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 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... X

(7) (8)

Sche	edule D (Form 990) 2023 GREATER ST LOUIS		43-1	.284843 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reve		
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,376,304.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,376,304.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			1,376,304.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	enses per Retur	'n
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total expenses and losses per audited financial statements		1	1,362,173.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,362,173.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

PART X, LINE 2:

THE ORGANIZATION ADOPTED THE PROVISIONS OF FASB ASC 740 - ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FORMERLY FIN 48). FASB ASC 740 REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE IMPLEMENTATION OF FASB 740 HAD NO IMPACT ON THE ORGANIZATION'S STATEMENT OF FINANCIAL POSITION OR STATEMENT OF ACTIVITIES. THE ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS.

1,362,173.

RECREATION COUNCIL OF 43-1284843 Page 5 Schedule D (Form 990) 2023 GREATER ST Part XIII Supplemental Information (continued) GREATER ST LOUIS

SCHEDULE 0 (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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

RECREATION COUNCIL OF GREATER ST LOUIS

Employer identification number 43-1284843

THE FORM 990 RETURN IS REVIEWED AND APPROVED BY MANAGEMENT AND THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ANNUALLY DISCLOSE CONFLICTS OF INTEREST. FORM 990, PART VI, SECTION C, LINE 19: ORGANIZATION DOCUMENTS ARE MADE AVAILABLE UPON PUBLIC REQUEST.
FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ANNUALLY DISCLOSE CONFLICTS OF INTEREST. FORM 990, PART VI, SECTION C, LINE 19:
BOARD MEMBERS ANNUALLY DISCLOSE CONFLICTS OF INTEREST. FORM 990, PART VI, SECTION C, LINE 19:
BOARD MEMBERS ANNUALLY DISCLOSE CONFLICTS OF INTEREST. FORM 990, PART VI, SECTION C, LINE 19:
FORM 990, PART VI, SECTION C, LINE 19:
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