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TIN: 23-7008610OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

0000

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.

2022

nent of the Treasury

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

Open to Public Inspection

		tne Treasury ue Service	To to www.ms.igov/Tormsso	est illioi illa	cioiii		Inspection		
A Fo	or the	e 2022 ca	lendar year, or tax year beginning 08-01-2022 , and ending 07-31-2	2023					
		pplicable:	C Name of organization		D Employer	identif	ication number		
		change	OLNEY BOYS AND GIRLS COMMUNITY SPORTS ASSOCIATION INC Exhibit 54(b)		23-70086	510			
O Na		_	Doing business as		25 70000	710			
O Init		turn n/terminated	Duling business as	Į.					
_		d return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number				
		on pending	PO BOX 2		(301) 570				
_			City or town, state or province, country, and ZIP or foreign postal code						
			OLNEY, MD 20830		G Gross rece	ipts \$ 3	,768,564		
		ĺ	F Name and address of principal officer:	I(a) Is this	a group retu	ırn for			
			BRAD SCOTT PO BOX 2	subord	inates?		□Yes <a>V No		
			OLNEY, MD 20830	H(b) Are all include		S	☐ Yes ☐No		
I Tax	-exen	npt status:	✓ 501(c)(3) □ 501(c) () ◀ (insert no.) □ 4947(a)(1) or □ 527			t. See	instructions.		
J W	ebsit	e: • ww	W.OBGC.COM	H(c) Group	exemption n	umber	>		
K Forn	n of or	rganization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	Year of format		M State 4D	of legal domicile:		
Pa	rt I	Sum	mary cribe the organization's mission or most significant activities:						
m		,	G ORGANIZED ATHLETIC PROGRAMS TO THE YOUTH OF THE GREATER OLNEY	/ AREA					
nc	-								
Governance	_								
ove	2	Check thi	s box 🕨 🗌						
	3	Number o	of voting members of the governing body (Part VI, line 1a) $ \cdot \cdot \cdot \cdot \cdot $			3	8		
S	4	Number o	f independent voting members of the governing body (Part VI, line 1b) $oldsymbol{.}$			4	8		
Activities &	5	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)					95		
λÜΛ	6	Total num	ber of volunteers (estimate if necessary)			6	800		
ΑC	7a	Total unre	elated business revenue from Part VIII, column (C), line 12			7a	0		
	b	Net unrel	7b	0					
				Prio	r Year		Current Year		
Q.	8	Contribut	ions and grants (Part VIII, line 1h)		598,98	0	913,625		
Revenue	9	Program	service revenue (Part VIII, line 2g)		2,730,52	7	2,625,776		
Rev	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		69	2	2,528		
_	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		189,43		226,635		
	12	Total reve	nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,519,63	2	3,768,564		
	13	Grants ar	d similar amounts paid (Part IX, column (A), lines 1-3)		54,86	0	79,250		
	14	Benefits p	oaid to or for members (Part IX, column (A), line 4)			0	0		
88	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		712,31	6	576,035		
Expenses	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)			0	0		
кре	b	Total fundr	aising expenses (Part IX, column (D), line 25) ▶20,863						
Ω	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			2,262,36	0	2,386,071		
	18	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		3,029,53	6	3,041,356		
	19	Revenue	ess expenses. Subtract line 18 from line 12		490,09	6	727,208		
or				Beginning o	f Current Yea	ır	End of Year		
Net Assets or Fund Balances	20	T-4-1	to (Dark V. line 1C)		0.460.00	1	10.041.050		
Ass Ba			ets (Part X, line 16)		9,468,32	_			
det			lities (Part X, line 26)		2,666,30				
- LL	22	net asset	s or fund balances. Subtract line 21 from line 20		6,802,01	р	7,529,536		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

							2024-06-13			
Sign	Sig	gnature of officer	Date							
Here	Dr	AD SCOTT EXECUTIVE DIRECTO pe or print name and title)R							
	l iy	Print/Type preparer's name	Ti	Preparer's signature		Date	I _ Is	PTIN		
Pai	d	Tring type preparer 3 name	ľ	reparer 3 signature		2024-06-12		200102223		
-	parer	Firm's name ADEPTUS A		Firm's EIN > 92-	1472936					
	Only	Firm's address ► 3311 OLNEY	Y SANDY SPRIN	IG RD			Phone no. (301) 9	929-9700		
			208321411				1110110 1101 (301)	525 5700		
May	the IDS disc	uss this return with the prep		ahovo? Soo Instruc	ione			✓ Voc	No	
		Reduction Act Notice, see			.10115.	Cat. I	No. 11282Y	U Tes		0 (2022)
	-	•	-							- ()
				Page	2					
Form	990 (2022	1								Dage 7
	•	atement of Program So	ervice Acc	omplishments						Page 2
		eck if Schedule O contains a		-	this Part III .					
1		scribe the organization's miss	•							
		OBGC IS TO PROVIDE CHIL						HYSICAL AI	ND EMOT	IONAL
DEVE	LOPMENT, I	BUILD SELF-ESTEEM AND CU	ULIIVAIE A L	IFELONG INTEREST	IN SPORTS, HE	ALIH AND I	EAMWORK.			
-										
2	Did the or	ganization undertake any sig	gnificant prog	gram services during	g the year which	n were not lis	sted on			
	the prior F	form 990 or 990-EZ?							Yes 🔽	No
_		escribe these new services o								
3		ganization cease conducting	ı, or make sig	inificant changes in	how it conducts	s, any progra	m	ſ	Yes	✓ No
	services?	escribe these changes on Sc	hedule O					(_ res	NO
4	•	he organization's program se		nlishments for each	of its three larg	gest program	services, as me	asured by	expenses	S.
	Section 50	01(c)(3) and 501(c)(4) orgar	nizations are	required to report t						
	and reven	ue, if any, for each program	service repo	rtea.						
4a	(Code:) (Expenses \$	1	,851,908 including g	rants of \$	79,250) (Revenue \$	1,39	9,876)	
		ING ORGANIZED ATHLETIC PROC AMS WHICH WERE NOT PROVIDI			ER OLNEY AREA C	N A YEAR-ROL	IND BASIS. OVER 7	,200 YOUTH	S PARTICI	PATED IN
4b	(Code:) (Expenses \$	\$	414,555 including g	rants of \$) (Revenue \$	48	5,218)	
	2 - PROVID	ING ORGANIZED AND HIGH QUA	ALITY SPORTS F	RELATED SUMMER CAM	PS.					
	•									
4c	(Code:) (Expenses \$ ING FUN AND ORGANIZED SPECI		558,763 including o	rants of \$) (Revenue \$	76	5,317)	
	5 TROVID	ING FOR AND ORGANIZED SI EC.	IAL EVENTOTO	IN THE COMMONT I.						
4d	Other pro	gram services (Describe in S	Schedule O.)							
	(Expenses	\$ \$	including g	rants of \$) (Revenue	\$)	
4e	Total pro	gram service expenses▶		2,825,226						
									Form 99	90 (2022)
				Page	3					
				rage	3					
Form	990 (2022									Page 3
Pa	rt IV Ch	ecklist of Required Sc	hedules						Yes	No
	Is the org	ani <u>za</u> tion described in section	n 501(c)(3) (or 4947(a)(1) (othe	r than a privato	foundation)) If "Vec " comple	ete	Yes	NO
•	Schedule				· · · ·		i i res, compi	1	163	
2	Is the org	anization required to comple	ete <i>Schedule</i>	B, Schedule of Cont	ributors? See ir	structions.	📆	2	Yes	
3	Did the or	ganization engage in direct o	or indirect po	litical campaign act	ivities on behalf			ates 3		No
	tor public	office? If "Yes," complete Sc	cnedule C, Pa	πι				3		
4		01(c)(3) organizations.								
		effect during the tax year?						4		No
5	Is the orga	anization a section 501(c)(4) nts, or similar amounts as de), 501(c)(5),	or 501(c)(6) organ	ization that rece	eives membe	rship dues,			
	u33C33111E1	ico, or orimiar arribulits as ut	cilied ill KeV		.s, complete St	circuaie C, F	art III • •	1 -		No

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part I	6		No
Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 2	11b		No
total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🐿	11c		No
Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
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	Yes	
Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
	F	orm 99	0 (2022)
	to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part V. If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—organ 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 VII Did the organization report an amount for mestments—organ 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 VII Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X Did the organization report an amount for other liabilities in	to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II	to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 1

Form 990 (2022)

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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	246		

				<u> </u>				
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		No				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No				
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No				
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? <i>If "Yes," complete Schedule L,</i> Part III	27		No				
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No				
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>			No				
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .	29		No				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I							
34	4 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1							
35a	35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?							
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes					
Pa	· · · · · · · · · · · · · · · · · · ·							
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No				
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 64							
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	Yes					
		F	orm 99	0 (2022)				
	Page 5							
	990 (2022)			Page 5				
Pa]		. 				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes					
	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No				

	, 2:09 PM Olney Boys And Girls Community Sports Association Inc - Full Filing- Nonprofit Explorer	- ProP	ublica	
ь	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No
	solicit any contributions that were not tax deductible as charitable contributions?	- Oa		140
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	-		
	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	If "Yes," complete Form 4720, Schedule O. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		-	orm 99	n (2022

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

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

_ <u>5e</u>	ction 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 1a 8			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MD			
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶THE ORGANIZATION PO BOX 2 OLNEY, MD 20830 (301) 570-3990			
		F	orm 99	0 (2022)
	Page 7			
Form	990 (2022)			Page 7

Composition of Officers Directors Twistons Voy Employees Highest Composited Employees

compensation of Officers, Directors, Frustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, or 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 ne	or any related o	rganiz	ation compens	ate	d an	y curr	ent	officer, director,	or trustee.	
(A) Name and title	(B) Average hours per week (list any hours	one of	(C) ition (do not ch box, unless pe ficer and a dire	neck ersor ector	n is r/tru	both a istee)	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)		Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	from the organization and related organizations
(1) RAJITA ANDREWS	2.00	Х						0	0	0
DIRECTOR		^						U	U	U
(2) THOMAS BREAKEY	2.00	,								
DIRECTOR		Х						0	0	0
(3) MARK FRANKOWSKI	2.00	.,								
DIRECTOR		Х						0	0	0
(4) AJAY SUFI	2.00	.,								
DIRECTOR	•	Х						0	0	0
(5) JEREMY COLVILLE	2.00	.,		.,						
CHAIRMAN		Х		Х				0	0	0
(6) PAULA BOURELLY	2.00	V		· ·				0	0	0
VICE CHAIRMAN	•	Х		Х				0	0	U
(7) RANU SHARMA	2.00	Х		х				0	0	0
SECRETARY	•	^		^				U	U	0
(8) JORGE GUTIEREZ	2.00	>		Х				0	0	0
TREASURER	•	Х		X				U	U	0
(9) BRADFORD SCOTT	40.00			· ·				162 602	0	12 500
EXECUTIVE DIRECTOR	•			Х				162,692	0	12,500

Form **990** (2022)

orm 990	(2022)				ge 8									Page
Part VII	Section A. Officers,	Directors, Tr	ustees	s, Key Employ	ees,	and	d Hig	ghe	st Con	pensated	Employees	(cont	inued)	rage
	(A) Name and title	(B) Average hours per week (list any hours for related	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one compensation from the organization (W-2/1099-NEC) MISC/1099-NEC)								e ion ed ins 9-	Estima amount of compen from organizat	ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Kev employee	Highest compensated employee		MISC/	1099-NEC)	MIŚC/1099-I	NEC)	relat organiz	
h Cub 3	Fatal													
c Total	Total from continuation shee (add lines 1b and 1c)	ts to Part VII, S					*	F		162,692		0		12,50
	al number of individuals (ir eportable compensation fro				above	e) w	ho re	ceiv	ed more	e than \$100),000	Ī		
	the organization list any f 1a? If "Yes," complete Sci					•		_		pensated e	mployee on	3	Yes	No
orga	any individual listed on lin anization and related orgai ividual										the	4	Yes	110
	any person listed on line 1 vices rendered to the organ											5		No
	n B. Independent Co													
Con fron	nplete this table for your fi n the organization. Report	ve highest comp compensation fo	ensate or the c	d independent alendar year ei	contra nding	actor with	s tha or w	at re vithi	ceived in the or	more than s ganization's	\$100,000 of co s tax year.	mpen	sation	
		(A) Name and busine	ess addre	ess						Descrip	(B) otion of services		Comper	
·														
Total	number of independent co	ntractors (includ	ing but	not limited to	hoso	listo	d ab	0)(0)	whore	rejved mar	e than \$100 0	nn of		

Form **990** (2022)

raye >

Form 990 (2022) Part VIII Stateme i	nt of Revenue					Page 9
	hedule O contains a resp	onse or note to any	/ line in this Part VIII			\square
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Federated campaigns Contributions, Gifts, Grants,						
the Membership dues . OtherAmt 128,055	. 1b					
Similar Arfio Tungdraising events . 12,937	. 1c					
d Related organizations	1d					
e Government grants (cont	ributions) 1e					
f All other contributions, gi and similar amounts not above	fts, grants, included 1f					
g Noncash contributions inclines 1a - 1f:\$	cluded in 1g					
h Total. Add lines 1a-1f	·	• ▶ 913,625				
		Business Code				
2a SPORTS PROGRAMS	FEES	713940	1,375,241	1,375,241		
, TOURNAMENTS		713940	765,317	765,317		
TOURNAMENTS SPORTS CAMPS 1	_	713940	485,218	485,218		
as I	_					
rograr						
f All other program	service revenue.					
9 Total. Add lines 2		2,625,776				_
3 Investment income similar amounts) .	(including dividends, int	erest, and other	2,528			2,528
	ment of tax-exempt bon	d proceeds				
5 Royalties	(i) Pool	(ii) Personal				
	(i) Real	(ii) Personal				
6a Gross rentsb Less: rental	6a 202,000					
expenses c Rental income	6b 0					
or (loss) d Net rental income	6c 202,000 or (loss)		202,000			202,000
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a					
Less: cost or other basis and sales expenses Gain or (loss)	7b					
Gain or (loss) d Net gain or (loss)	7c					

_	Boys And Girls Com	munity Sports Associa	ition Inc - Full Filing-	Nonprofit Explorer - I	⊃roPublica ■
a Gross income from fundraising events (not including \$ 12,937 of contributions reported on line 1c).					
See Part IV, line 18 8		0			
b Less: direct expenses 8	5	0			
c Net income or (loss) from fundraising e	vents .		0		
9a Gross income from gaming activities. See Part IV, line 19 9;	i				
b Less: direct expenses 9	5				
c Net income or (loss) from gaming activ	ities 🕨				
10aGross sales of inventory, less returns and allowances 10	а				
b Less: cost of goods sold 10	b				
c Net income or (loss) from sales of inve	1 '				
11awycceu Angolic	Business Code		24,63	5	
11aMISCELLANEOUS	3000	24,03	24,03		
b-	_				
Other Revenue Misc Amt					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See instructions .		24,63	5		+
12 Total revenue: See instructions		3,768,56	2,650,41	1	0 204,528
					Form 990 (2022)
		— Page 10 ———			
Form 990 (2022)					Page 10
Part IX Statement of Functional Ex Section 501(c)(3) and 501(c)(4) of	organizations must	complete all columns.	All other organization	ons must complete co	olumn (A).
Check if Schedule O contains a re					
Do not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic o domestic governments. See Part IV, line 2					
2 Grants and other assistance to domestic in Part IV, line 22	dividuals. See	79,250	79,250		
3 Grants and other assistance to foreign org governments, and foreign individuals. See and 16	Part IV, lines 15				
4 Benefits paid to or for members					
5 Compensation of current officers, directors key employees		135,000	113,065	18,151	3,784
6 Compensation not included above, to disquestion defined under section 4958(f)(1)) and per section 4958(c)(3)(B)	sons described in				

441,035

12,720

22,025

369,373

12,720

59,298

22,025

7 Other salaries and wages .

b Legal .

c Accounting

 \boldsymbol{d} Lobbying

8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)9 Other employee benefits

12,364

е	Profe	ssional fundraising services. See Part IV, line 17		l I				I	
f	Inves	stment management fees							
g		r (If line 11g amount exceeds 10% of line 25, col mount, list line 11g expenses on Schedule O)	lumn						
12	Adve	rtising and promotion							
13	Office	e expenses		35,715			3	2,565	3,150
14	Infori	mation technology							
15	Roval	ties							
	•	pancy							
				62,240	62,240				
	Paym	ents of travel or entertainment expenses for any al, state, or local public officials		02/2:0	32/2.3				
19	Confe	erences, conventions, and meetings							
		est		87,110	87,110				
		ents to affiliates		. , .					
				200 267	199,314			1,053	
	•	eciation, depletion, and amortization		200,367	· · · · · · · · · · · · · · · · · · ·				
		ance		57,325	13,390		4	3,935	
24	misce	r expenses. Itemize expenses not covered above ellaneous expenses in line 24e. If line 24e amoun eds 10% of line 25, column (A) amount, list line 2 nses on Schedule O.)	ıt						
	a REP	PAIRS AND MAINTENANCE		460,301	460,301				
i	b REN	ITAL - GYM AND FIELDS		414,791	414,791				
•	c UMI	PIRES AND REFEREES		256,323	256,323				
•	d UNI	FORMS		212,099	212,099				
	e All o	other expenses		565,055	545,250		1	8,240	1,565
		I functional expenses. Add lines 1 through 24e	1	3,041,356	2,825,226			5,267	20,863
	educa	ted in column (B) joint costs from a combined ational campaign and fundraising solicitation. k here if following SOP 98-2 (ASC 958-72	0).						Form 990 (2022)
				— Page 11 ———					
Form	n 990	(2022)							Page 11
Pa	art X	Balance Sheet							<u> </u>
		Check if Schedule O contains a response or not	te to any	y line in this Part IX .					\square
		·			(A)				(B)
					Beginning of	year			End of year
	1	Cash-non-interest-bearing				170,515	1		32,095
	2	Savings and temporary cash investments .				42,069	2	L	230,830
	3	Pledges and grants receivable, net					3		
	4	Accounts receivable, net				272,007	4		315,130
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial c	contributor, or 35%			5		
	6	Loans and other receivables from other disquali section 4958(f)(1)), and persons described in s	fied per	sons (as defined under			6		
	7	Notes and loans receivable, net	_				7	1	
Assets	8	Inventories for sale or use	•				8	1	
SS	9			18,607	9		25,570		
¥	_	Prepaid expenses and deferred charges				10,007	"	1	20,070
	_	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	11,803,77	_	0.050 :55			0.50
	b	Less: accumulated depreciation	10b	2,372,60	าล	8,956,495		<u> </u>	9,431,162
	11	Investments—publicly traded securities .					11		
	12	Investments—other securities. See Part IV, line	11 .				12		
	13	Investments—program-related. See Part IV, line	e 11 .				13		
	14	Intangible assets				8,630	14		6,472

Olney Boys And Girls Community Sports Association Inc - Full Filing- Nonprofit Explorer - ProPublica

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8,630 14

	15	Other assets. See Part IV, line 11	15		
	16	Total assets. Add lines 1 through 15 (must equal line 33) 9,468,323	16	10,	041,259
	17	Accounts payable and accrued expenses	17		195,755
	18	Grants payable	18		
	19	Deferred revenue	19		373,960
	20	Tax-exempt bond liabilities	20		
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21		
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	22		
	23	Secured mortgages and notes payable to unrelated third parties 2,052,268	23	1,	942,008
	24	Unsecured notes and loans payable to unrelated third parties	24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	25		
	26	Total liabilities. Add lines 17 through 25 2,666,307	26	2	511,723
or Fund Balances	27	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	27	7	343,545
Bal	28	Net assets with donor restrictions	28		185.991
Þ	28		20		100,991
Ξ		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds	29		
ets	30	Paid-in or capital surplus, or land, building or equipment fund	30		
Assets	31	Retained earnings, endowment, accumulated income, or other funds	31		
Net A	32	Total net assets or fund balances	32	7,	529,536
ž	33	Total liabilities and net assets/fund balances	33	10	041,259
		(2022)			
1 0	art XI	Reconcilliation of Net Assets			Page 12
1 0	art XI	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI		 	Page 12
		Check if Schedule O contains a response or note to any line in this Part XI		 	
1 2	Tota	Check if Schedule O contains a response or note to any line in this Part XI	1	 	768,564
	Tota Tota	Check if Schedule O contains a response or note to any line in this Part XI		 	
1 2	Tota Tota Rev	Check if Schedule O contains a response or note to any line in this Part XI	1 2	 3,	768,564 041,356
1 2 3	Tota Tota Rev Net	Check if Schedule O contains a response or note to any line in this Part XI	1 2 3	 3,	768,564 041,356 727,208
1 2 3 4	Tota Tota Rev Net Net	Check if Schedule O contains a response or note to any line in this Part XI	1 2 3 4	 3,	768,564 041,356 727,208 802,016
1 2 3 4 5	Tota Tota Rev Net Net	Check if Schedule O contains a response or note to any line in this Part XI	1 2 3 4 5	 3,	768,564 041,356 727,208 802,016
1 2 3 4 5 6 7 8	Tota Tota Rev Net Net Don Inve	Check if Schedule O contains a response or note to any line in this Part XI	1 2 3 4 5 6 7 8	3,	768,564 041,356 727,208 802,016 312
1 2 3 4 5 6 7 8	Tota Tota Rev Net Net Don Inve	Check if Schedule O contains a response or note to any line in this Part XI	1 2 3 4 5 6 7 8	3, 3, 6,	768,564 041,356 727,208 802,016 312
1 2 3 4 5 6 7 8 9	Tota Tota Rev Net Net Don Inve Prio Oth	Check if Schedule O contains a response or note to any line in this Part XI	1 2 3 4 5 6 7 8	3, 3, 6,	768,564 041,356 727,208 802,016 312
1 2 3 4 5 6 7 8 9	Tota Tota Rev Net Net Don Inve	Check if Schedule O contains a response or note to any line in this Part XI	1 2 3 4 5 6 7 8	3, 3, 6,	768,564 041,356 727,208 802,016 312 0 529,536
1 2 3 4 5 6 7 8 9	Tota Tota Rev Net Net Don Inve Prio Oth	Check if Schedule O contains a response or note to any line in this Part XI	1 2 3 4 5 6 7 8	3, 3, 6,	768,564 041,356 727,208 802,016 312
1 2 3 4 5 6 7 8 9	Total Rev Net Net Don Inversion Oth Net According to the	Check if Schedule O contains a response or note to any line in this Part XI	1 2 3 4 5 6 7 8	3, 3, 6,	768,564 041,356 727,208 802,016 312 0 529,536
1 2 3 4 5 6 7 8 9 10 Pe	Total Rev Net Net Don Inversion Oth Net According to the Sch	Check if Schedule O contains a response or note to any line in this Part XI	1 2 3 4 5 6 7 8	 3, 3, 6,	768,564 041,356 727,208 802,016 312 0 529,536
1 2 3 4 5 6 7 8 9 10 Pe	Total Rev Net Net Don Inversion Oth Net Account If the Sch	Check if Schedule O contains a response or note to any line in this Part XI	1 2 3 4 5 6 7 8 9 10	3, 3, 6,	768,564 041,356 727,208 802,016 312 0 529,536
1 2 3 4 5 6 7 8 9 10 Pa	Total Rev Net Net Don Inve Prio Oth Net If the Sch Sch Wer If the Sch German Wer If 'Y separate	Check if Schedule O contains a response or note to any line in this Part XI	1 2 3 4 5 6 7 8 9 10	 3, 3, 6, 7, Yes	768,564 041,356 727,208 802,016 312 0 529,536
1 2 3 4 5 6 7 8 9 10 Pa	Total Rev Net Net Don Inve Prio Oth Net If I'Y Sch Werr If 'Y sepo Werr If 'Y sep We	Check if Schedule O contains a response or note to any line in this Part XI	1 2 3 4 5 6 7 8 9 10	3, 3, 6,	768,564 041,356 727,208 802,016 312 0 529,536

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c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

3a No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form	990	(2022)

Form 990 (2022)

Additional Data Return to Form

Software ID: Software Version:

Form 990, Special Condition Description:

Special Condition Description

efile Public Visual Render

ObjectId: 202401669349300830 - Submission: 2024-06-14

TIN: 23-7008610

SCHEDULE A (Form 990)

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2022

Inspection

Name of the organization **Employer identification number** OLNEY BOYS AND GIRLS COMMUNITY SPORTS ASSOCIATION INC 23-7008610 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). 4 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 9 An agricultural research organization described in 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 331/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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 а 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 b management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s) (i) Name of supported (ii) FIN (iii) Type of (iv) Is the organization listed (v) Amount of (vi) Amount of organization organization in your governing document? monetary support other support (see (described on lines (see instructions) instructions) 1- 10 above (see instructions)) Yes No Total For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990) 2022 Cat. No. 11285F Form 990 or 990-EZ. Schedule A (Form 990) 2022 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.

If the organization failed to qualify under the tests listed below, please complete Part III.)

		ney Boys And Girls	Community Sport	s Association Inc -	Full Filing- Nonpr	ofit Explorer - Prof	Publica
	r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
_	line 4.						
	Section B. Total Support lendar year		(1) 2010		4 N 2004	() 2000	/n =
	r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
9	income from similar sources Net income from unrelated business		 	 		+	
9	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or		-	 	-	 	
10	loss from the sale of capital assets						
11	(Explain in Part VI.) Total support. Add lines 7 through						
	10						
12		•	•			12	
13	First 5 years. If the Form 990 is for t	•		•	•		ization, check
	this box and stop here					▶⊔	
	Section C. Computation of Public			(6)		Г	
	Public support percentage for 2022 (lin					14	
	Public support percentage for 2021 Sc					15	hov
16	33 1/3% support test—2022. If the						
ŀ	and stop here. The organization quali 33 1/3% support test—2021. If the						
	box and stop here. The organization						
178	10%-facts-and-circumstances test	t—2022. If the org	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t 10%-facts-and-circumstances tes						
	more, and if the organization meets t						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		🕨 🗆
18	Private foundation. If the organizati						- 0
	instructions		<u> </u>				▶ <u>U</u> Form 990) 2022
						Schedule A (I	-UIIII 99U) 2U22
			Page 3				
			i age 3				
C -1	odulo A (Form 200) 2022						_
	edule A (Form 990) 2022			- ··	· \/=\		Page 3
	Part III Support Schedule for (Complete only if you					d to qualify und	or Part II If
	the organization fails						er rait II. II
	Section A. Public Support	•		, .	•		
Ca	lendar year r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(0 1							
_	membership fees received. (Do not	140,774	87,002	141,384	598,980	913,625	1,881,765
2	include any "unusual grants.") . Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the	2,561,518	1,974,529	1,951,761	2,730,527	2,625,776	11,844,111
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						

Tax revenues levied for the

11/5/24	4, 2:09 PM OIN	ey Boys And Giris	Community Sport	s association inc -	Full Filing- Nonpr	ont Explorer - F	roPubl	ıca	
	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	2,702,292	2,061,531	2,093,145	3,329,507	3,539,	101	13,	725,876
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								0
b	Amounts included on lines 2 and 3 received from other than disqualified								
	persons that exceed the greater of								0
	\$5,000 or 1% of the amount on line 13 for the year.								
с 8	Add lines 7a and 7b Public support. (Subtract line 7c								0
	from line 6.)							13,	725,876
	ection B. Total Support		ı	Γ	1	1			
	endar year fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	``	Total	
9 10a	Amounts from line 6 Gross income from interest,	2,702,292	2,061,531	2,093,145	3,329,507	3,539,	101	13,	725,876
104	dividends, payments received on			6,300	162,042	204,	528		372,870
	securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from								
	businesses acquired after June 30,								
С	1975. Add lines 10a and 10b.			6,300	162,042	204,	528		372,870
11	Net income from unrelated business activities not included on line 10b,								
	whether or not the business is								
12	regularly carried on. Other income. Do not include gain								
	or loss from the sale of capital assets (Explain in Part VI.)	10,112	15,095	13,023	27,433	24,	535		90,298
13	Total support. (Add lines 9, 10c, 11, and 12.).	2,712,404	2,076,626	2,112,468	3,518,982	3,768,	564	14,	189,044
14	First 5 years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth	tax year as a sect	ion 501(c)(3) c	rganiz	ation, c	heck
	this box and stop here								ightharpoons
	ection C. Computation of Public Public support percentage for 2022 (li	ne 8, column (f)	entage divided by line 13,	column (f))		15		96	.740 %
16	Public support percentage from 2021					16			.150 %
	ction D. Computation of Invest			1: 42 1 (6))				
17 18	Investment income percentage for 20 Investment income percentage from 2	•				17 18			.630 % .260 %
	33 1/3% support tests-2022. If the					_	line 17		.200 /0
	more than 33 1/3%, check this box and	d stop here. The	organization qual	ifies as a publicly	supported organiz	zation		V	
b	33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	-						_	18 is
20	Private foundation. If the organizat								
	Tivate roundation if the organizat	ion did not check	a box on line 14,	190, 01 190, check	K tills box tillt see	Schedule A			2022
			Page 4						
	dule A (Form 990) 2022							F	Page 4
Par	t IV Supporting Organization (Complete only if you checked		of Part I. If you ch	ecked box 12a, of	f Part I, complete	Sections A and	B. If y	ou chec	ked
	box 12b, of Part I, complete Section 12d, of Part I, complete Section	ections A and C. I	f you checked box						
Se	ection A. All Supporting Organiz	•	complete rare v.)						
								Yes	No
1	Are all of the organization's supported If "No," describe in Part VI how the s								
	describe the designation. If historic ar			itea. Il designated	r by class or purpe	ise,	1		
2	Did the organization have any suppor	ted organization t	hat does not have	an IRS determina	ation of status und	der section	<u> </u>		
	509(a)(1) or (2)? If "Yes," explain in a described in section 509(a)(1) or (2).		organization deter	mined that the su	pported organizat	ion was			
~			and band to the control of	-01/a)/4) /5)	(C)2 If !!! !!	wan lin 2!	2	1	
3a	Did the organization have a supported 3c below.	organization des	cribed in section 5	ou1(c)(4), (5), or	(b)? If "Yes," ansi	wer lines 3b an	3a	1	
b	Did the organization confirm that each	n supported organ	nization qualified u	ınder section 501 <i>(</i>	(c)(4), (5), or (6)	and satisfied	Ja	1	
-	the public support tests under section determination.								
	accernination.						3b	1	Ī

				Yes	No
_Se	ction C. Type II Si	upporting Organizations			T
	-1: 0 T				<u> </u>
	organization.	year and a supporting	2		
		or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit ses of the supported organization(s) that operated, supervised or controlled the supporting			
2		operate for the benefit of any supported organization other than the supported organization(s) that			
	, r portor		1		
		rustees were allocated among the supported organizations and what conditions or restrictions, if any, rs during the tax year.			
	activities. If the organ	nization had more than one supported organization, describe how the powers to appoint and/or			
	describe in Part VI he	ow the supported organization(s) effectively operated, supervised, or controlled the organization's			
1		tors, trustees, or membership of one or more supported organizations have the power to regularly ast a majority of the organization's directors or trustees at all times during the tax year? If "No,"			
		, , , , , , , , , , , , , , , , , , ,		Yes	No
Se	ction B. Type I Su	pporting Organizations		l v -	1
	VI.				
c		ity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
b	A family member of a	person described on 11a above?	11b		
	<i>,</i>		11a		
а		or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the supported organization?			<u> </u>
	_	accepted a gift or contribution from any of the following persons?			
	Han the arrest 11	and the second of the second o		res	No
rail	Supporting	organizacions (continueu)		Yes	NI-
Pari		Organizations (continued)		- 1	Page
Sched	ule A (Form 990) 2022	2		г	Page
		-			
		Page 5			
				-	
		Schedule A	(Forn	າ 990)	202
	the organization had o	excess business holdings).	10b		
b		nave any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether			
	answer line 10b below	ν.	10a		
	certain Type II suppor	rting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes,"</i>			
10a	Was the organization	subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding			t
-		ng organization also had an interest? If "Yes," provide detail in Part VI.	9c		l –
С	Did a disqualified pers	son (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets	7.0		
-		nterest? If "Yes," provide detail in Part VI.	9b		
b	Did one or more disau	ualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	<i>-</i>		
	provide detail in Part		9a		
9a		controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as 46 (other than foundation managers and organizations described in section $509(a)(1)$ or (2) ? If "Yes,"			
0-	•	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	8		-
8	Did the organization r complete Part I of Sch	make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If</i> "Yes," hedule L (Form 990).			
	•	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	7		1
)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial complete P and P are P are P and P are P and P are P are P and P are P are P and P are P and P are P are P and P are P are P and P are P and P are P are P and P are P are P and P are P and P are P are P and P are P are P and P are P and P are P are P and P are P are P and P are P and P are P are P and P are P are P and P are P and P are P and P are P are P and P are P are P and P are P are P and P are P are P and P are P and P are P are P and P are P are P and P are P and P are P and P are P and P are P are P are P and P are P and P are P are P are P and P are P are P are P and P are P are P and P are P and P are P are P and P are P are P and P are P and P are P are P are P and P are P are P are P and P are P and P are P are P are P are P and P are P are P and P are P are P are P are P and P are P are P are P are P and P are P are P and P are P are P are P and P are P are P are P and P are P are P and P are P			
7		provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in			
	3 11	· · · · · · · · · · · · · · · · · · ·	6		<u> </u>
	supported organizatio	ons, or (iii) other supporting organizations that also support or benefit one or more of the filing ted organizations? If "Yes," provide detail in Part VI.			
6	than (i) its supported	provide support (whether in the form of grants or the provision of services or facilities) to anyone other organizations, (ii) individuals that are part of the charitable class benefited by one or more of its			
c	-	Was the substitution the result of an event beyond the organization's control?	5c		1
_	organization's organiz	- ·	5b		
b		nly. Was any added or substituted supported organization part of a class already designated in the			
	amendment to the organiz		5a		
	organizations added,	substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the zing document authorizing such action; and (iv) how the action was accomplished (such as by			
5a		add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b cable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported			
_	3 ,,	ted organization was used exclusively for section 170(c)(2)(B) purposes.	4c		1
-	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			
c	•	support any foreign supported organizations.			
	organization? If "Yes,	" describe in Part VI how the organization had such control and discretion despite being controlled or connection with its supported organizations.	4b		
b		nave ultimate control and discretion in deciding whether to make grants to the foreign supported			
		2b in Part I, answer lines 4b and 4c below.	4a		
4a	Was any supported or	rganization not organized in the United States ("foreign supported organization")? If "Yes" and if you	эc		
C		art VI what controls the organization put in place to ensure such use.	3c		_
	, 2:09 PM	Olney Boys And Girls Community Sports Association Inc - Full Filing- Nonprofit Explorer - Progresser - Indicate that all support to such organizations was used exclusively for section 170(c)(2)(b) purposes?	Publi	ca	
14/5/04	0.00 DM	Observe Brees And Cital Community County Association by Full Filling Normality Full Filling	Dodge.		

1/5/24	2:09 PM Olney Boys And Girls Community Sports Association	Inc - F	ull Filing- Nonprofit Explorer - P	roPubli	ca		
were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).							
Sec	tion D. All Type III Supporting Organizations						
					Yes	No	
	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of	ng the	prior tax year, (ii) a copy of the				
	documents in effect on the date of notification, to the extent not previously provided?		gamzacion's governing	1	 		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el	lected	by the supported		,		
	organization(s) or (ii) serving on the governing body of a supported organization? If " organization maintained a close and continuous working relationship with the support			2			
3	By reason of the relationship described in line 2 above, did the organization's support	ed org	anizations have a significant				
	voice in the organization's investment policies and in directing the use of the organiza during the tax year? <i>If "Yes," describe in Part VI the role the organization's supporte</i>			3			
Sec	tion E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ions):			
а	The organization satisfied the Activities Test. Complete line 2 below.						
b	The organization is the parent of each of its supported organizations. Complete	e line	3 below.				
С	The organization supported a governmental entity. Describe in Part VI how you	ou supp	oorted a government entity (see	instru	ctions)		
2	Activities Test. Answer lines 2a and 2b below.				Yes	No	
	Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? <i>If "Yes," then in organizations and explain</i> how these activities directly furthered their exempt purp	Part N	/I identify those supported how the organization was				
	responsive to those supported organizations, and how the organization determined th substantially all of its activities.	at the	se activities constituted	2a			
b	Did the activities described on line 2a, above constitute activities that, but for the org of the organization's supported organization(s) would have been engaged in? If "Yes,"						
	the organization's position that its supported organization(s) would have engaged in t organization's involvement.			2b	<u> </u>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.						
	Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in Part VI.	icers, o	lirectors, or trustees of each of	3a			
	Did the organization exercise a substantial degree of direction over the policies, progr supported organizations? If "Yes," describe in Part VI. the role played by the organiz						
	supported organizations. If res, describe in Fart VII the role played by the organization	acion n	Schedule A	3b	2 000)	202	
			Schedule A	. (1011	1 990)	2022	
	Page 6 ————						
.	L A (F						
Par	ule A (Form 990) 2022 V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	zations		F	Page (
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru			/I). Se	е		
	instructions. All other Type III non-functionally integrated supporting organization		nust complete Sections A throu	gń E.	rent Yea		
	Section A - Adjusted Net Income		(A) FIIOI Teal		onal)	II .	
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
_	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea onal)	r	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1					
a	Average monthly value of securities	1a					
	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					

11/5/24	, 2:09 PM Olney Boys And Girl	s Community Sports Association	n Inc - F	ull Filing- Nonp	rofit E	xplorer - ProPublica
е	Discount claimed for blockage or other factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt us	e assets	2			
3	Subtract line 2 from line 1d		3			
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	e 3 (for greater amount, see	4			
5	Net value of non-exempt-use assets (subtract line 4 fi	rom line 3)	5			
6	Multiply line 5 by 0.035		6			
7	Recoveries of prior-year distributions		7			
8	Minimum Asset Amount (add line 7 to line 6)		8			
	Section C - Distributable Amount					Current Year
1	Adjusted net income for prior year (from Section A, lin	ne 8. Column A)	1			
	Enter 85% of line 1		2			
3	Minimum asset amount for prior year (from Section B	. line 8. Column A)	3			
4	Enter greater of line 2 or line 3	,,	4			
	Income tax imposed in prior year		5			
6	Distributable Amount. Subtract line 5 from line 4, u	inless subject to emergency	6			
Ū	temporary reduction (see instructions)	inless subject to enlergency	"			
7	Check here if the current year is the organization instructions)	n's first as a non-functionally-i	ntegrat	ed Type III sup	porting	g organization (see
					So	chedule A (Form 990) 2022
		Page 7				
Schod	ule A (Form 990) 2022					D 7
	 	I E00/a\/2\ Supporting (Organ	izations (col	ntinued	Page 7
Par	tion D - Distributions	1 509(a)(3) Supporting (organ	izations (cor	itiliaet	Current Year
Sec	tion D - Distributions				I	Current Year
1 /	Amounts paid to supported organizations to accomplish	exempt purposes			1	
	Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organiz	ations, in	2	
3 /	Administrative expenses paid to accomplish exempt pu	poses of supported organization	ons		3	
4 /	Amounts paid to acquire exempt-use assets				4	
5 (Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)			5	
6 (Other distributions (describe in Part VI). See instruction	ns			6	
7 T	otal annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to wh	nich the organization is respons	sive (<i>pr</i>	ovide		
	details in Part VI). See instructions		- 0-		8	
9 [Distributable amount for 2022 from Section C, line 6				9	
10 L	ine 8 amount divided by Line 9 amount				10	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Une	(ii) derdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1 D	istributable amount for 2022 from Section C, line 6					
(r	nderdistributions, if any, for years prior to 2022 easonable cause required explain in Part VI). ee instructions.					
3 E:	xcess distributions carryover, if any, to 2022:					
a	From 2017					
	From 2018					
	From 2019					
	From 2020					
	otal of lines 3a through e					
g	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount			-		
	Carryover from 2017 not applied (see					
	nstructions) emainder. Subtract lines 3g, 3h, and 3i from line 3f.					
	etributions for 2022 from Section D. line 7:					

a Applied to underdistributions of prior years

71001010						
Additio	nal Data				Return	to Form
					Schedule A (Foi	m 990) 202
Re	eturn Reference			Explanation		000) 55:
		Facts A	And Circumstances	Test		
	Supplemental Informat Section A, lines 1, 2, 3b, 3 Part IV, Section D, lines 2 Section D, lines 5, 6, and instructions).	c, 4b, 4c, 5a, 6, 9a, 9b, 9 and 3; Part IV, Section E, I	c, 11a, 11b, and 11d lines 1c, 2a, 2b, 3a a	; Part IV, Section B, lines : and 3b; Part V, line 1; Part	1 and 2; Part IV, Sectio V, Section B, line 1e; F	n C, line 1; Part V
Schedule A (F	Form 990) 2022		— Page 8 ——		Schedule A (Forn	n 990) (202
e Excess f	rom 2022				Cabadula A (Faur	- 000) (202
	from 2021					
	rom 2020					
	rom 2018					
8 Breakdow						
7 Excess d 3j and 4d	istributions carryover to	2023. Add lines				
lines 3h	g underdistributions for 20 and 4b from line 1. If the o, <i>explain in Part VI</i> . See	amount is greater				
2022, if	g underdistributions for ye any. Subtract lines 3g and nount is greater than zero, ructions.	4a from line 2.				
c Remaind	er. Subtract lines 4a and 4	b from line 4.				
	to 2022 distributable amou	c				
	er. Subtract lines 4a and 4	b from line 4.				

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efile Public Visual Render	ObjectId: 20240166934930	0830 - Submission: 2024-06	-14		TIN: 23-7008610
Schedule B	Sche	edule of Contributo	ors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service		ch to Form 990, 990-EZ, or 990 rs.gov/Form990 for the latest			2022
Name of the organization OLNEY BOYS AND GIRLS COM	MUNITY			Employer id	l lentification number
SPORTS ASSOCIATION INC Organization type (check of				23-7008610	
Organization type (check o	и I C).				
Filers of:	Section:				
Form 990 or 990-EZ	☐ 501(c)() (enter number	er) organization			
	4947(a)(1) nonexempt	charitable trust not treated a	as a private founda	ition	
	☐ 527 political organization	on			
Form 990-PF	☐ 501(c)(3) exempt privat	te foundation			
	4947(a)(1) nonexempt	charitable trust treated as a	private foundation		
	☐ 501(c)(3) taxable privat	e foundation			
contributions. Special Rules	operty) from any one contributo	,		·	
For an organization of under sections 509(a	described in section 501(c)(3) a)(1) and 170(b)(1)(A)(vi), that ne contributor, during the year,	checked Schedule A (Form	990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that
990, Part VIII, liné 1h	h, or (ii) Form 990-EZ, line 1. C	Complete Parts I and II.	() , ,	()	ν,
during the year, total	described in section 501(c)(7), I contributions of more than \$1 prevention of cruelty to childre	,000 exclusively for religious	s, charitable, scien	eived from an tific, literary, o	y one contributor, r educational
during the year, cont If this box is checked purpose. Don't comp	described in section 501(c)(7), tributions exclusively for religiod, enter here the total contribut olete any of the parts unless thetc., contributions totaling \$5,	ous, charitable, etc., purpose tions that were received duri e General Rule applies to th	s, but no such con ng the year for an his organization be	ntributions tota exclusively re ecause it recei	iled more than \$1,000. ligious, charitable, etc., ved <i>nonexclusively</i>
990-EZ, or 990-PF), but it m	nat isn't covered by the Genera nust answer "No" on Part IV, lir , line 2, to certify that it doesn't	ne 2, of its Form 990; or che	ck the box on line	H of its Form 9	
For Paperwork Reduction Act N for Form 990, 990-EZ, or 990-PF			Cat. No. 30613X	Sch	nedule B (Form 990) (2022)
		——— Page 2 ————			
		-			
Cabadula D / Farra 2003 / 200	22)			Dorr 6	
Schedule B (Form 990) (202	-4)			Page 2	

Name of organization

Employer identification number

Contributo	Contributors (see instructions). Use duplicate copies of Part I if additional spa	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTE	,	\$ RESTRICTED	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
-		<u> </u>	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
-		<u> </u>	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.)
	Page 3		Schedule B (Form 990) (2022)
Schedule E	(Form 990) (2022)	Employer identificati	Page 3
OLNEY BOY SPORTS AS	S AND GIRLS COMMUNITY SOCIATION INC	23-7008610	on namper
(a) No. from Part I	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

1/5/24, 2:09	PM Olney Boys And G	Girls Community S	Sports Association In	c - Full Filing-	Nonprofit Expl	orer - ProPublica
(a)	(b)			EMV (or	c) estimate)	(d)
Part I	Description of noncash	property give	n 		tructions)	Date received
(a) No. from Part I	(b) Description of noncash	property give	n	FMV (or	c) estimate) tructions)	(d) Date received
-					\$_	
(a) No. from Part I	Description of noncash property given			FMV (or	c) estimate) tructions)	(d) Date received
-					\$_	
(a) No. from Part I	(b) Description of noncash	property give	n	FMV (or	c) estimate) tructions)	(d) Date received
-					\$_	
(a) No. from Part I				estimate)	(d) Date received	
-					\$_	
	L_					Schedule B (Form 990) (2022)
		——— P	age 4 ————			
Name of or OLNEY BOY	S AND GIRLS COMMUNITY					Page 4
Part III	EXCLUSIVELY religious, charitable, etc., con			bed in section		
	than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional seconds.)	e total of exclus structions.) ►	sively religious, ch	rough (e) and aritable, etc.	d the followin ., contribution	g line entry. For is of \$1,000 or less for the
(a) No. from Part I	(b) Purpose of gift	((c) Use of gift		(d) Descrip	ption of how gift is held
-		(0) Transfer of gift			
	Transferee's name, address, and		R	elationship o	of transferor to	o transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift		(d) Descrip	ption of how gift is held
-		(e) Transfer of gift			
	Transferee's name, address, and			elationship o	of transferor to	o transferee

(c) llee of nift

(h) Purnose of aift

(d) Description of how aift is held

1/5/24, 2:09 PM	Olney Boys And G	irls Community	Sports Association Inc - Fu	ıll Filing- Nonprofit Explor	er - ProPublica
Part I	(a) i diposo di giit		(o, 000 o. g	(4) 2000p.	o g
- <u>=</u>			e) Transfer of gift		
	Transferee's name, address, and	ZIP 4	Relation	onship of transferor to	transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Descript	tion of how gift is held
• =	Transferee's name, address, and		e) Transfer of gift Relatio	onship of transferor to	transferee
				Sche	dule B (Form 990) (2022)
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ObjectId: 202401669349300830 - Submission: 2024-06-14

TIN: 23-7008610 OMB No. 1545-0047

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Open to Public

Department of the Treasury

IIICIIIa	Nevertide Service Go to <u>www.irs.gov/Forn</u>	ioi ilisti uctions a	and the latest inior	mation. Inspection
OLN	ne of the organization EY BOYS AND GIRLS COMMUNITY RTS ASSOCIATION INC			Employer identification number 23-7008610
Pa	Organizations Maintaining Donor Advi			
	Complete if the organization answered Te	(a) Donor adv		(b) Funds and other accounts
	Tabal acceptance and of coord	(a) Dollor aux	iseu iulius	(b) Fullus 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 advisor organization's property, subject to the organization's ex			
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	r or donor advisor, or for	any other purpose co	
Par	t II Conservation Easements.	all an Farma OOO Dark	TV line 7	
1	Complete if the organization answered "Yes Purpose(s) of conservation easements held by the orga	,	•	
•				historically, incompany land area
	Preservation of land for public use (e.g., recreation	n or education)	Preservation of an	historically important land area
	Protection of natural habitat	U	Preservation of a c	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year. $ \\$	qualified conservation c	ontribution in the for	m of a conservation Held at the End of the Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified histori	ic structure included in (a)	2c
d	Number of conservation easements included in (c) acqu	,	· ·	2d
3	historic structure listed in the National Register	ed, released, extinguishe	ed, or terminated by t	the organization during the
4	Number of states where property subject to conservation	on easement is located		
5	Does the organization have a written policy regarding the			of violations,
	and enforcement of the conservation easements it hold	s?		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of violation	ons, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, \$	handling of violations, a	and enforcing conserv	vation easements during the year
8	Does each conservation easement reported on line 2(d)			70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			☐ Yes ☐ No
9	In Part XIII, describe how the organization reports consbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organiz		
Par	Organizations Maintaining Collections Complete if the organization answered "Ye			er Similar Assets.
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub Part XIII, the text of the footnote to its financial statem	SC 958, not to report in i	its revenue statemen , or research in furthe	t and balance sheet works of art, erance of public service, provide, in
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub following amounts relating to these items:			
() Revenue included on Form 990, Part VIII, line 1			> \$
(i	Assets included in Form 990, Part X			. \$
2	If the organization received or held works of art, histori following amounts required to be reported under FASB.			ncial gain, provide the
а	Revenue included on Form 990, Part VIII, line $1\ .\ .\ .$			
b	Assets included in Form 990, Part X			> \$
For E	aperwork Reduction Act Notice, see the Instructio	ns for Form 990.	Cat No.	52283D Schedule D (Form 990) 2023

_			_
υ	2		

Sche	dule D	(Form 990) 2022										Page 2
Par	t III	Organizations Maintaining Col	lections of	Art, Hi	storical	Treas	sures, o	r Other	Similar As	sets (con	tinued)	
3		the organization's acquisition, accession (check all that apply):	n, and other re	ecords, c	heck any	of the	following t	hat are a	significant u	se of its co	llection	
а		Public exhibition			d _	Loa	in or exch	ange prog	rams			
b		Scholarly research			e _	Oth	ner					
С		Preservation for future generations										
4	Provid Part X	de a description of the organization's col	lections and e	xplain ho	w they fu	rther t	he organiz	zation's ex	empt purpos	se in		
5		g the year, did the organization solicit or s to be sold to raise funds rather than to								☐ Yes)
Pa	t IV	Escrow and Custodial Arrange Complete if the organization answ line 21.		on Form	990, Pa	rt IV,	line 9, or	· reporte	d an amour	nt on Forr	n 990, P	art X,
1a	Is the includ	organization an agent, trustee, custodialed on Form 990, Part X?	an or other int	termedia 	ry for con 	tributio	ons or othe	er assets i	not 	☐ Yes)
b	If "Ye	s," explain the arrangement in Part XIII	and complete	the follo	wing tabl	e:			Aı	mount		-
c	Begin	ning balance						1c				_
d	Additi	ons during the year \ldots						1d				_
е	Distril	outions during the year						1e				_
f	Endin	g balance						1f				_
2a	Did th	ne organization include an amount on Fo	rm 990, Part 2	X, line 21	l, for escr	ow or	custodial a	ccount lia	bility?	☐ Yes)
b	If "Ye:	s," explain the arrangement in Part XIII.	Check here if	f the exp	lanation h	as bee	n provided	d in Part X	III			
Pa	rt V	Endowment Funds.			000 P-	t. T\ /	li 10					
		Complete if the organization answ	(a) Current		(b) Prior			ears back	(d) Three yea	ars back (e)	Four vear	s back
1a	Beginni	ing of year balance	(1)	,	.,		(3)		(1)	(1)	,	
b	Contrib	utions										_
c	Net inv	estment earnings, gains, and losses										
d	Grants	or scholarships										
е		expenditures for facilities ograms										
f	Admini	strative expenses										
g	End of	year balance										
2 a		de the estimated percentage of the curre designated or quasi-endowment	ent year end b	alance (I	ine 1g, co	lumn ((a)) held a	s:				
b	Perma	anent endowment 🕨										
С	Term	endowment 🕨										
	The p	ercentages on lines 2a, 2b, and 2c shou	ld equal 100%	ю.								
3а		nere endowment funds not in the posses ization by:	sion of the org	ganizatio	n that are	held a	and admin	istered fo	the		Yes	No
		nrelated organizations				•				3a(i)		
b		elated organizations			Schedule	R? -				3a(ii 3b	'	
4		ibe in Part XIII the intended uses of the		•							1	
Pai	t VI	Land, Buildings, and Equipmer										
		Complete if the organization answ										
	Descri	ption of property (a) Cost or oth (investme		b) Cost or	other basi	s (other) (c) Acc	umulated d	epreciation	(d) [Book value	
1a	Land				ϵ	,935,39	0				6,9	935,390
b	Buildin	gs			2	,389,77	8		881,300		1,5	508,478
c	Leaseh	old improvements			2	,288,76	1		1,370,234		9	918,527
d	Equipm	nent				189,84	-2		121,075			68,767
Tota	I. Add	lines 1a through 1e. (Column (d) must e	equal Form 99	0, Part X	, column	(B), lin	e 10(c).)		•	odulo D /E		131,162

chedule D (Form 990) 2022

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

Complete if the organization answered "Yes" on Form 990, F (a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of value of end-of-year m	uation:
(1) Financial derivatives				
2) Closely-held equity interests				
A)				
В)				
C)				
D)				
E)				
F)				
G)				
н)				
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F	Part IV,	line 11c. See Fo	rm 990, Part X,	line 13.
(a) Description of investment		(b) Book value		d of valuation: -year market value
1)				·
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	Þ			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX	art IV, li	ine 11d. See Fo	rm 990, Part X, I	ine 15.
(a) Description				(b) Book value
2)				
3)				
4)				
5)				
(6)				
7)				
8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part X, Confidence on Form 990, Part X, Con			-	w V 18 2.5
I DEDUCTE IT THE OPPORTUNITATION ANGMAPAR 'VAC' ON FORM QUIL D'	arr IV li	me rie or LIFS	Earm add Da	

/24, 2:09 PM Olney Boys And Girls Community Spor	ts Associat	ion Inc - Full Filing- Nonp	rofit Explor	er - ProPublica
al. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			•	
Liability for uncertain tax positions. In Part XIII, provide the text of the footno		-		_
anization's liability for uncertain tax positions under FIN 48 (ASC 740). Check	here if the	text of the footnote has		
			Schedule	D (Form 990) 2022
Page 4				
i aga i				
edule D (Form 990) 2022				Page 4
Reconciliation of Revenue per Audited Financial State Complete if the organization answered 'Yes' on Form 990,			eturn.	
Total revenue, gains, and other support per audited financial statements			1	3,768,876
Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
Net unrealized gains (losses) on investments	2a	312		
Donated services and use of facilities	2b			
Recoveries of prior year grants	2c			
Other (Describe in Part XIII.)	2d			
Add lines 2a through 2d			2e	312
Subtract line 2e from line 1			3	3,768,564
Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
Investment expenses not included on Form 990, Part VIII, line 7b	4a			
Other (Describe in Part XIII.)	4b			
Add lines 4a and 4b			4c	0
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.) .		5	3,768,564
nrt XII Reconciliation of Expenses per Audited Financial Sta			Return.	
Complete if the organization answered 'Yes' on Form 990, Total expenses and losses per audited financial statements		ne 12a.	1	3,041,356
Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	3,041,330
Donated services and use of facilities	2a			
Prior year adjustments	2b			
	2c			
Other losses	2d			
Add lines 2a through 2d			2e	0
Subtract line 2e from line 1			3	3,041,356
Amounts included on Form 990, Part IX, line 25, but not on line 1:				
Investment expenses not included on Form 990, Part VIII, line 7b	4a			
Other (Describe in Part XIII.)	4b			
Add lines 4a and 4b			4c	0
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	3,041,356
art XIII Supplemental Information	,			
ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Par	t IV, lines 1b and 2b; Part	V, line 4; F	Part X, line 2; Part XI.
nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provic			.,	
Return Reference		Explanation		
		TAX ON INCOME OTHER 1		
JULY 31, 2023 AND 20	22, NO PRO	(3) OF THE INTERNAL RE OVISION FOR INCOME TA	XES WAS M	ADE, AS OBGC DID N
ANY UNRELATED BUSI	NESS INCO	ME. OBGC ADOPTED THE	FASB ASC	740-10, INCOME TAXE
		NT OF UNCERTAINTY IN I ING TO UNRECOGNIZED		
	GC HAD N	O UNCERTAIN TAX POSIT: E ARE CURRENTLY NO EX	ONS THAT	WOULD REQUIRE FIN.

	PROGRESS.	
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(6) (7) (8) (9) (10)

Schedule I (Form 990) 2022

11/5/24, 2:09 PM Olney Boys And Girls Community Sports Association Inc - Full Filing- Nonprofit Explorer - ProPublica efile Public Visual Render ObjectId: 202401669349300830 - Submission: 2024-06-14 TIN: 23-7008610 Note: To capture the full content of this document, please select landscape mode $(11" \times 8.5")$ when printing. OMB No. 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Open to Public Department of the Treasury Internal Revenue Service Inspection Go to www.irs.gov/Form990 for the latest information. Name of the organization
OLNEY BOYS AND GIRLS COMMUNITY
SPORTS ASSOCIATION INC Employer identification number 23-7008610 **General Information on Grants and Assistance** ☐ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of (b) EIN (c) IRC section (f) Method of valuation (h) Purpose of grant (d) Amount of cash (e) Amount of non-(g) Description of organization grant (book, FMV, appraisal, other) (if applicable) noncash assistance or government (1) (2) (3) (4) (5)

(11) (12)2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of other organizations listed in the line 1 table

– Page 2 *–*

Cat. No. 50055P

Page 2

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed (b) Number of (a) Type of grant or assistance (c) Amount of (d) Amount of (e) Method of valuation (book FMV, appraisal, other) (f) Description of noncash assistance recipients cash grant noncash assistance (1) SCHOLARSHIPS 461 79,250 THE ORGANIZATION PROVIDES SCHOLARSHIPS IN THE FORM OF REDUCTION OF FEES FOR ELIGIBLE STUDENTS THAT QUALIFY FOR THE MCPS FREE/REDUCED LUNCH PROGRAM OR EQUIVALENT IN PRIVATE SCHOOLS. OBGC DOES REQUIRE THAT A COPY OF THE YEARLY APPROVAL LETTER BE PROVIDED TO THE ORGANIZATION'S OFFICE TO BE CONSIDERED SUFFICIENT FOR THE UPCOMING SCHOOL YEAR ONLY (1) (2) (3) (4) (5) (6) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference

Additional Data Return to Form

Olney Boys And Girls Community Sports Association Inc - Full Filing- Nonprofit Explorer - ProPublica 11/5/24, 2:09 PM efile Public Visual Render ObjectId: 202401669349300830 - Submission: 2024-06-14 TIN: 23-7008610 Compensation Information OMB No. 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization OLNEY BOYS AND GIRLS COMMUNITY SPORTS ASSOCIATION INC Employer identification number 23-7008610 **Questions Regarding Compensation** Yes No Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study V Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? . No Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b No Participate in, or receive payment from, an equity-based compensation arrangement?.. Nο 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? . No Any related organization? . 5b No If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? . No 6a Any related organization? 6b No If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 No Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe No If "Res" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2022 Page 2 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

Note. The sum of columns (B)(I)-(III) for each listed individual must equal th	e tota	al amount of Form	990, Part VII, Sec	ction A, line 1a, ap	plicable column (D) and (E) amoun	is for that indiv	viduai.
(A) Name and Title			of W-2, 1099-MIS and/or 1099-NEC		(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 BRADFORD SCOTT EXECUTIVE DIRECTOR	(i)	162,692	0	0	12,500	0	175,192	0
	(ii)	0	0	0	0	0	0	0

				_	

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ObjectId: 202401669349300830 - Submission: 2024-06-14

TIN: 23-7008610

OMB No. 1545-0047

2022

23-7008610

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization OLNEY BOYS AND GIRLS COMMUNITY SPORTS ASSOCIATION INC

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Employer identification number

	23-7008610
Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	990 IS CIRCULATED TO THE ENTIRE BOARD FOR COMMENTS AND QUESTIONS PRIOR TO FILING. 990 ONLY RELEASED AFTER ALL DIRECTORS RESPOND THAT THEY'VE REVIEWED.
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE REQUIRED TO COMPLETE CONFLICT OF INTEREST FORM ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15A	COMPENSATION FOR EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY BY THE PERSONNEL COMMITTEE AND BUDGET/FINANCE COMMITTEE.
FORM 990, PART VI, SECTION C, LINE 19	ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. AN ANNUAL STATEMENT TO THIS EFFECT IS INCLUDED IN THE WEEKLY MEMBER EMAIL.
FORM 990, PART IX, LINE 24E	DIRECTORS FEES: PROGRAM SERVICE EXPENSES 192,755. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 192,755. MANAGER/PROMOTER: PROGRAM SERVICE EXPENSES 120,851. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 120,851. BANK AND CREDIT CARD FEES: PROGRAM SERVICE EXPENSES 71,929. MANAGEMENT AND GENERAL EXPENSES 6,793. FUNDRAISING EXPENSES 1,565. TOTAL EXPENSES 80,287. EQUIPMENT: PROGRAM SERVICE EXPENSES 80,076. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 80,076. OTHER PROGRAM EXPENSES: PROGRAM SERVICE EXPENSES 43,242. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 43,242. LEAGUE AND MEMBERSHIP FEE: PROGRAM SERVICE EXPENSES 32,457. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 32,457. TAXES AND PERMITS: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 11,447. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 11,447. TRAINING CLINICS: PROGRAM SERVICE EXPENSES 3,940. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. FUNDRAISING EXPENSES 0.
FORM 990, PART XII, LINE 2C:	NO CHANGES FROM PRIOR YEAR of ion Act Notice are the Instructions for Form 900 or 900 F7. Cat. No. 51056/. Schodule O (Form 900) 2022

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

Cat. No. 51056K

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Additional Data

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