

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization NATIONAL RECREATION AND PARK ASSOCIATION		D Employer identification number 13-5563001	
	Doing business as		E Telephone number 703-858-0784	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	22377 BELMONT RIDGE ROAD			
City or town, state or province, country, and ZIP or foreign postal code ASHBURN, VA 20148-4150		G Gross receipts \$ 29,086,624.		
F Name and address of principal officer: KRISTINE STRATTON SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(b) Are all subordinates included? Yes No		
J Website: WWW.NRPA.ORG		If "No," attach a list. (see instructions)		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: 1926		M State of legal domicile: NY
H(c) Group exemption number				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ADVANCE PARKS, RECREATION, AND ENVIRONMENTAL CONSERVATION EFFORTS THAT ENHANCE THE QUALITY OF		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	82
	6 Total number of volunteers (estimate if necessary)	6	1406
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,042,273.
b Net unrelated business taxable income from Form 990-T, line 38	7b	-2,000.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,730,909.	11,617,499.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,813,508.	9,469,471.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	360,745.	514,201.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	665,129.	781,893.
		18,570,291.	22,383,064.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,526,943.	4,356,912.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,202,011.	7,530,473.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	105,700.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,545,134.	7,267,792.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,274,088.	19,155,177.
19 Revenue less expenses. Subtract line 18 from line 12	296,203.	3,227,887.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	17,411,471.	20,930,732.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,519,053.	6,869,832.
	10,892,418.	14,060,900.	

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.

Sign Here	Signature of officer		Date		
	BRENDA CAMACHO, VP OF FINANCE AND CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name ELIZABETH HELLER	Preparer's <i>Elizabeth Heller</i>	Date 10/1/2019	Check if self-employed <input type="checkbox"/>	PTIN P00397829
	Firm's name TATE AND TRYON	Firm's address 2021 L STREET, NW SUITE 400 WASHINGTON, DC 20036	Firm's EIN 52-1855942	Phone no. (202) 293-2200	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019

2018

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

NATIONAL RECREATION AND PARK ASSOCIATION

13-5563001

Name and title of officer

BRENDA CAMACHO
VP OF FINANCE AND CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>22,383,064.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize TATE AND TRYON to enter my PIN 20148
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Brenda Camacho Date ▶ 10/1/2019

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52472820036
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Elizabeth Allen Date ▶ 9/23/2019

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

823051 10-26-18

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO ADVANCE PARKS, RECREATION, AND ENVIRONMENTAL CONSERVATION EFFORTS THAT ENHANCE THE QUALITY OF LIFE FOR ALL PEOPLE. BECAUSE EVERYONE DESERVES A GREAT PARK.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,155,100. including grants of \$ 4,356,912.) (Revenue \$) PARTNERSHIPS, PROGRAMS, AND GRANTS. NRPA LEVERAGES ITS RELATIONSHIPS WITH SEVERAL DIFFERENT KEY CORPORATIONS, FOUNDATIONS AND NONPROFIT ORGANIZATIONS TO BRING GREATER RESOURCES TO LOCAL PARK AND RECREATION AGENCIES. FOCUSING ON THE THREE PILLARS OF HEALTH AND WELLNESS, CONSERVATION, AND SOCIAL EQUITY, NRPA DEVELOPS COMMUNITIES OF PRACTICE AND PROVIDES TRAINING, TECHNICAL ASSISTANCE AND GRANTS TO LOCAL PARK AND RECREATION AGENCIES TO INCREASE PHYSICAL ACTIVITY, HEALTHY EATING AND CREATE RESILIENT COMMUNITIES. THE ORGANIZATION IMPACTED MORE THAN 1 MILLION PEOPLE THROUGH THESE PROGRAMS. NRPA PROVIDED MORE THAN 5.8 MILLION HEALTHY MEALS AND SNACKS SERVED TO CHILDREN AND IMPROVED NUTRITION FOR 230,000 CHILDREN, INCREASED ACCESS TO PHYSICAL ACTIVITY FOR OVER 600,000 PEOPLE, AND CONNECTED OVER 13,000 PEOPLE TO NATURE.

4b (Code:) (Expenses \$ 5,007,156. including grants of \$) (Revenue \$ 8,467,534.) KNOWLEDGE, LEARNING, AND CONFERENCES. NRPA PROVIDES LEARNING OPPORTUNITIES TO SUPPORT AND ADVANCE THE FIELD OF PARKS AND RECREATION. THE ORGANIZATION'S EDUCATIONAL OFFERINGS ARE DESIGNED SPECIFICALLY FOR PARK AND RECREATION PROFESSIONALS AND ADVOCATES. MORE THAN 11,700 UNIQUE CUSTOMERS INVESTED IN NRPA LEARNING OPPORTUNITIES IN 2019, INCLUDING A VARIETY OF SCHOOLS, ONLINE LEARNING AND CERTIFICATE PROGRAMS.

THE NRPA ANNUAL CONFERENCE IS THE LARGEST GATHERING OF PARK AND RECREATION PROFESSIONALS IN THE U.S. EIGHT-THOUSAND PEOPLE ATTEND THE EVENT, WHICH INCLUDES 200+ EDUCATION SESSIONS. THESE SESSIONS COVER POPULAR TOPICS SUCH AS LEADERSHIP AND MANAGEMENT, PUBLIC RELATIONS,

4c (Code:) (Expenses \$ 2,684,245. including grants of \$) (Revenue \$ 25,416.) MEMBERSHIP, MARKETING, AND COMMUNICATIONS. NRPA, THE ONLY NON-PROFIT ORGANIZATION DEDICATED TO PARKS AND RECREATION, PROVIDES SUPPORT TO 63,000 MEMBERS THAT INCLUDE PROFESSIONALS, STUDENTS, ADVOCATES AND ACADEMICS. THESE MEMBERS, WHO REPRESENT PUBLIC SPACES IN URBAN COMMUNITIES, RURAL SETTINGS AND EVERYTHING IN BETWEEN, RECEIVE SPECIAL DISCOUNTS, NEWS, EXCLUSIVE EDUCATION AND NETWORKING OPPORTUNITIES, ADVOCACY SUPPORT, GRANT OPPORTUNITIES, TOOLKITS AND MORE.

NRPA REACHES ITS MEMBERS THROUGH A VARIETY OF COMMUNICATIONS, INCLUDING ITS AWARD-WINNING MAGAZINE, PARKS & RECREATION, WHICH IS READ BY 199,171 PEOPLE ANNUALLY. NRPA ALSO HOSTS A POPULAR BLOG THAT RECEIVED 45,684 VISITS IN 2019, AND A PODCAST THAT HAD 15,062 LISTENERS IN THE

4d Other program services (Describe in Schedule O.) (Expenses \$ 716,514. including grants of \$) (Revenue \$ 121,267.)

4e Total program service expenses 15,563,015.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 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>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AK, AZ, FL, IL, ME, MN, MS, NH, OK, OR, RI, UT
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] 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
BRENDA CAMACHO, VP OF FINANCE AND CFO - (703) 858-0784
22377 BELMONT RIDGE ROAD, ASHBURN, VA 20148

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JACK KARDYS CHAIR	4.00 0.00	X		X				0.	0.	0.
(2) MIKE KELLY CHAIR-ELECT	2.00 0.00	X		X				0.	0.	0.
(3) KAREN BATES KRESS SECRETARY	2.00 0.00	X		X				0.	0.	0.
(4) XAVIER URRUTIA TREASURER	2.00 0.00	X		X				0.	0.	0.
(5) LEON T. ANDREWS PAST CHAIR	2.00 0.00	X		X				0.	0.	0.
(6) MICHAEL ABBATE DIRECTOR	1.00 0.00	X						0.	0.	0.
(7) JESUS AGUIRRE DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) NEELAY BHATT DIRECTOR	1.00 1.00	X						0.	0.	0.
(9) HAYDEN BROOKS DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) KONG CHANG DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) KEVIN COYLE DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) JOSE FELIX DIAZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) VICTOR DOVER DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) RICHARD GULLEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) ROSLYN JOHNSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) JOANNA LOMBARD DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) CAROLYN MCKNIGHT DIRECTOR	1.00 1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOSH MEDEIROS DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) HERMAN PARKER DIRECTOR	1.00 1.00	X						0.	0.	0.
(20) IAN PROUD DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) NONET SYKES DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) GREG WEITZEL DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) BARBARA TULIPANE PRESIDENT AND CEO	40.00 0.00	X		X				461,616.	0.	19,629.
(24) KRISTINE STRATTON PRESIDENT AND CEO (AS OF 6/19)	40.00 0.00	X		X				0.	0.	0.
(25) BRENDA CAMACHO VP OF FINANCE AND CFO	40.00 0.00			X				138,097.	0.	8,345.
(26) GINA MULLINS-COHEN VP OF MARKETING, COMMUNICATIONS & PU	40.00 0.00					X		150,026.	0.	18,572.
1b Sub-total								749,739.	0.	46,546.
c Total from continuation sheets to Part VII, Section A								590,843.	0.	131,425.
d Total (add lines 1b and 1c)								1,340,582.	0.	177,971.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 13

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CCR SOLUTIONS, 100 A BELFILED ROAD, TORONTO, ONTARIO, CANADA	MEETING SERVICES	382,387.
HYATT LODGE 2815 JORIE BLVD, OAK BROOK, IL 60523	MEETING SERVICES	303,280.
PSI SERVICES, INC. 18000 WEST 105TH STREET, OLATHE, KS 66061	PROFESSIONAL SERVICES	258,625.
PUBLICATION PRINTERS CORP, 2001 S. PLATTE RIVER DRIVE, DENVER, CO 80223	PRINTING	244,799.
LEVY PREMIUM FOOD SERVICE LP, 125 S PENNSYLVANIA STREET, INDIANAPOLIS, IN	CONVENTION	166,131.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 9

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	2,093,254.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	519,742.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,004,503.				
	g Noncash contributions included in lines 1a-1f: \$		30,000.				
	h Total. Add lines 1a-1f		11,617,499.				
	Program Service Revenue	2 a CONVENTION AND EXPOSIT	Business Code 900099	5,330,357.	5,330,357.		
b EDUCATION SERVICES		900099	1,794,959.	1,794,959.			
c ACCREDITATION AND CERT		900099	1,342,218.	1,342,218.			
d PUBLICATIONS		541800	1,001,937.	25,416.	976,521.		
e							
f All other program service revenue							
g Total. Add lines 2a-2f			9,469,471.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		132,831.			132,831.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		367,955.			367,955.	
	6 a Gross rents	(i) Real	88,348.				
		(ii) Personal					
		b Less: rental expenses	0.				
		c Rental income or (loss)	88,348.				
	d Net rental income or (loss)		88,348.			88,348.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	6,996,906.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	6,615,536.				
		c Gain or (loss)	381,370.				
	d Net gain or (loss)		381,370.			381,370.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	209,291.					
	b Less: cost of goods sold	b	88,024.				
	c Net income or (loss) from sales of inventory		121,267.	121,267.			
Miscellaneous Revenue		Business Code					
11 a WEBSITE BANNER ADS	541800	131,504.		65,752.	65,752.		
b SALE OF MAILING LABELS	900099	38,475.			38,475.		
c MISCELLANEOUS	900099	34,344.			34,344.		
d All other revenue							
e Total. Add lines 11a-11d		204,323.					
12 Total revenue. See instructions		22,383,064.	8,614,217.	1,042,273.	1,109,075.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	4,356,912.	4,356,912.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	627,686.	461,208.	161,071.	5,407.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,249,318.	3,857,359.	1,347,521.	44,438.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	283,361.	207,638.	72,358.	3,365.
9 Other employee benefits	929,235.	699,796.	219,792.	9,647.
10 Payroll taxes	440,873.	320,218.	115,909.	4,746.
11 Fees for services (non-employees):				
a Management				
b Legal	27,562.	18,375.	9,187.	
c Accounting	56,734.		56,734.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,845.		1,845.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,369,583.	1,780,647.	559,702.	29,234.
12 Advertising and promotion	59,004.	56,679.		2,325.
13 Office expenses	794,236.	657,870.	136,187.	179.
14 Information technology	294,703.	131,488.	163,215.	
15 Royalties				
16 Occupancy	216,076.	38,468.	177,608.	
17 Travel	761,223.	697,971.	60,037.	3,215.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	2,002,639.	1,932,276.	68,856.	1,507.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	243,063.	3,738.	239,325.	
23 Insurance	82,744.	14,591.	68,153.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CHARGE CARD FEES	196,675.	193,623.	1,415.	1,637.
b MISCELLANEOUS	75,992.	69,693.	6,299.	
c DUES AND SUBSCRIPTIONS	45,592.	40,470.	5,122.	
d TRAINING AND DEVELOPMEN	25,666.	9,549.	16,117.	
e All other expenses	14,455.	14,446.	9.	
25 Total functional expenses. Add lines 1 through 24e	19,155,177.	15,563,015.	3,486,462.	105,700.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	203,929.	1	146,144.
	2 Savings and temporary cash investments	5,688,869.	2	6,695,459.
	3 Pledges and grants receivable, net	209,291.	3	1,887,541.
	4 Accounts receivable, net	243,986.	4	643,185.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	44,628.	8	45,056.
	9 Prepaid expenses and deferred charges	549,640.	9	582,103.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,879,177.		
	b Less: accumulated depreciation	10b 3,344,446.		
	11 Investments - publicly traded securities	2,758,388.	10c	2,534,731.
	12 Investments - other securities. See Part IV, line 11	6,453,442.	11	7,037,318.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	1,259,298.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,411,471.	15	1,359,195.	
		16	20,930,732.	
Liabilities	17 Accounts payable and accrued expenses	1,377,197.	17	1,363,452.
	18 Grants payable		18	
	19 Deferred revenue	4,875,889.	19	5,209,571.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	265,967.	25	296,809.
	26 Total liabilities. Add lines 17 through 25	6,519,053.	26	6,869,832.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,156,080.	27	6,179,741.
	28 Temporarily restricted net assets	5,171,446.	28	7,316,267.
	29 Permanently restricted net assets	564,892.	29	564,892.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	10,892,418.	33	14,060,900.	
34 Total liabilities and net assets/fund balances	17,411,471.	34	20,930,732.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,383,064.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,155,177.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,227,887.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,892,418.
5	Net unrealized gains (losses) on investments	5	-128,386.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	68,981.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,060,900.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 Single Audit Act and OMB Circular A-133? _____
- 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 _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization NATIONAL RECREATION AND PARK ASSOCIATION	Employer identification number 13-5563001
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Part I 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 or 990-EZ).)
- 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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,623,272.	9,720,299.	8,381,839.	8,730,909.	11,617,499.	48,073,818.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	6,247,033.	6,617,407.	7,113,755.	9,076,518.	8,702,241.	37,756,954.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	15,870,305.	16,337,706.	15,495,594.	17,807,427.	20,319,740.	85,830,772.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	325,360.	276,000.	291,050.	303,750.	8,000.	1,204,160.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	325,360.	276,000.	291,050.	303,750.	8,000.	1,204,160.
8 Public support. (Subtract line 7c from line 6.)						84,626,612.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	15,870,305.	16,337,706.	15,495,594.	17,807,427.	20,319,740.	85,830,772.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	469,226.	457,179.	426,456.	708,552.	589,134.	2,650,547.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	469,226.	457,179.	426,456.	708,552.	589,134.	2,650,547.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	215,683.	257,811.	196,986.	73,027.		743,507.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	44,614.	44,380.	55,988.	35,749.	138,571.	319,302.
13 Total support. (Add lines 9, 10c, 11, and 12.)	16,599,828.	17,097,076.	16,175,024.	18,624,755.	21,047,445.	89,544,128.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	94.51 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	93.62 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	2.96 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	3.21 %

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

NATIONAL RECREATION AND PARK ASSOCIATION

Employer identification number

13-5563001

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization NATIONAL RECREATION AND PARK ASSOCIATION	Employer identification number 13-5563001
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 2,325,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 1,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 395,052.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL RECREATION AND PARK ASSOCIATION	Employer identification number 13-5563001
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 359,537.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 104,357.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL RECREATION AND PARK ASSOCIATION	Employer identification number 13-5563001
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 65,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 55,848.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 35,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 34,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL RECREATION AND PARK ASSOCIATION	Employer identification number 13-5563001
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 6,166.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL RECREATION AND PARK ASSOCIATION	Employer identification number 13-5563001
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL RECREATION AND PARK ASSOCIATION	Employer identification number 13-5563001
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
16	75 ROUND TRIP AIRLINE EPASSES _____ _____ _____	\$ 30,000.	04/01/19
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization NATIONAL RECREATION AND PARK ASSOCIATION	Employer identification number 13-5563001
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align: center;">NATIONAL RECREATION AND PARK ASSOCIATION</p>	Employer identification number <p style="text-align: center;">13-5563001</p>
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2018**

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	34,719.													
c	Total lobbying expenditures (add lines 1a and 1b)	34,719.													
d	Other exempt purpose expenditures	18,434,925.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	18,469,644.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	719,183.	1,000,000.	1,000,000.	1,000,000.	3,719,183.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,578,775.
c Total lobbying expenditures	59,428.	52,545.	13,699.	34,719.	160,391.
d Grassroots nontaxable amount	179,796.	250,000.	250,000.	250,000.	929,796.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,394,694.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018 Open to Public Inspection

Name of the organization: NATIONAL RECREATION AND PARK ASSOCIATION
Employer identification number: 13-5563001

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements at the end of the tax year, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a, 1b, 2) regarding reporting of art and historical treasures, including checkboxes and dollar amount fields.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,372,574.	1,326,352.	1,259,990.	1,231,572.	1,238,898.
b Contributions			100.	100.	140.
c Net investment earnings, gains, and losses	51,411.	76,470.	66,262.	28,318.	27,534.
d Grants or scholarships					
e Other expenditures for facilities and programs	25,145.	30,248.			35,000.
f Administrative expenses					
g End of year balance	1,398,840.	1,372,574.	1,326,352.	1,259,990.	1,231,572.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 40.38 %
 - c Temporarily restricted endowment 59.62 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		4,747,192.	2,449,068.	2,298,124.
c Leasehold improvements				
d Equipment		1,131,985.	895,378.	236,607.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,534,731.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUST	1,062,312.
(2) DEFERRED COMPENSATION PLAN	296,809.
(3) DUE TO/FROM NRPF	74.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,359,195.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	296,809.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	296,809.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	22,409,838.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-128,386.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	157,005.
e	Add lines 2a through 2d	2e	28,619.
3	Subtract line 2e from line 1	3	22,381,219.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,845.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	1,845.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	22,383,064.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	19,241,356.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	88,024.
e	Add lines 2a through 2d	2e	88,024.
3	Subtract line 2e from line 1	3	19,153,332.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,845.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	1,845.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	19,155,177.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE TEMPORARILY RESTRICTED AMOUNTS ARE REVENUE FROM GRANTS RECEIVED AND KEPT RESTRICTED UNTIL THE PURPOSE OF THE GRANT IS FULFILLED AND THE RESTRICTION IS MET.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD ON LINE 10B	88,024.
GAIN ON INTEREST IN TRUST	68,981.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	157,005.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD ON LINE 10B	88,024.
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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **NATIONAL RECREATION AND PARK ASSOCIATION** Employer identification number **13-5563001**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ANCHORAGE PARK FOUNDATION 3201 C STREET ANCHORAGE, AK 99503	41-2205907	501C3	15,000.	0.			PROGRAM SUPPORT
ARKANSAS CITY RECREATION COMMISSION - 225 EAST 5TH AVE - ARKANSAS CITY, KS 67005	48-6099908	115	10,000.	0.			PROGRAM SUPPORT
AUSTIN PARKS AND RECREATION DEPARTMENT - 200 SOUTH LAMAR BLVD. - AUSTIN,, TX 78704	74-6000085	115	15,000.	0.			PROGRAM SUPPORT
BALTIMORE CITY FOUNDATION 100 HOLLIDAY STREET BALTIMORE, MD 21202	52-1212473	501C3	25,000.	0.			PROGRAM SUPPORT
BEAUCARE INC. 628 HIGH SCHOOL DRIVE DERIDDER, LA 70634	72-1209038	501C3	25,000.	0.			PROGRAM SUPPORT
BERNALILLO COUNTY PARKS AND RECREATION - 111 UNION SQUARE STREET SE - ALBUQUERQUE, NM 87102	85-6000202	115	182,500.	0.			PROGRAM SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 102.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOROUGH OF AUDUBON 606 W NICHOLSON ROAD AUDUBON, NJ 08106	21-6000059	115	30,000.	0.			PROGRAM SUPPORT
BURLINGTON PARKS, RECREATION & WATERFRONT - 645 PINE STREET - BURLINGTON, VT 05401	03-6000410	115	22,000.	0.			PROGRAM SUPPORT
CENTRAL ARKANSAS LIBRARY SYSTEM 100 ROCK STREET LITTLE ROCK, AR 72207	71-6014106	115	25,000.	0.			PROGRAM SUPPORT
CHANUTE RECREATION COMMISSION 400 S HIGHLAND CHANUTE, KS 66720	48-0675764	115	15,000.	0.			PROGRAM SUPPORT
CHESTERFIELD COUNTY PARKS AND RECREATION - PO BOX 40 - CHESTERFIELD, VA 23832	54-6001208	115	86,956.	0.			PROGRAM SUPPORT
CHESTERFIELD COUNTY PARKS AND RECREATION - 6801 MIMMS LOOP - CHESTERFIELD, VA 23832	54-6001208	115	30,000.	0.			PROGRAM SUPPORT
CHICAGO PARK DISTRICT 541 NORTH FAIRBANKS CT 6 CHICAGO, IL 60611	36-6005822	115	25,000.	0.			PROGRAM SUPPORT
CITY OF ANDALUSIA 505 EAST THREE NOTCH STREET ANDALUSIA, AL 36420	63-6001180	115	25,000.	0.			PROGRAM SUPPORT
CITY OF AUGUSTA P O BOX 5596 AUGUSTA, GA 30916-5596	58-2204274	115	30,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF BELMONT 37 E. WOODROW AVENUE BELMONT, NC 28012	56-0856848	115	30,000.	0.			PROGRAM SUPPORT
CITY OF BENNETTSVILLE DEP OF TOURISM - 501 EAST MAIN STREET - BENNETTSVILLE, SC 29512	57-6000999	115	40,000.	0.			PROGRAM SUPPORT
CITY OF BIRMINGHAM 710 N 20TH STREET BIRMINGHAM, AL 35203	63-6001201	115	30,000.	0.			PROGRAM SUPPORT
CITY OF BREMERTON 345 6TH STREET BREMERTON, WA 98337	91-6001231	115	30,000.	0.			PROGRAM SUPPORT
CITY OF BURLINGTON DEPARTMENT OF PARKS, RECREATION - 645 PINE ST - BURLINGTON, VT 05401	03-6000410	115	30,000.	0.			PROGRAM SUPPORT
CITY OF CAMDEN 101 NEWTON AVENUE CAMDEN, NJ 08203	21-6000418	115	15,000.	0.			PROGRAM SUPPORT
CITY OF CHATTANOOGA 101 E 11TH STREET CHATTANOOGA, TN 37402	62-6000259	115	165,000.	0.			PROGRAM SUPPORT
CITY OF CLARKSTON 1055 ROWLAND STREET CLARKSTON, GA 30021	58-6003756	115	15,000.	0.			PROGRAM SUPPORT
CITY OF COLORADO SPRINGS 1401 RECREATION WAY COLORADO SPRINGS, CO 80905	84-6000573	115	20,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF COLUMBUS-DEPARTMENT OF RECREATION AND PARK - 1111 EAST BROAD STREET - COLUMBUS, OH 43205	31-6400223	115	50,000.	0.			PROGRAM SUPPORT
CITY OF CORPUS CHRISTI 1201 LEOPARD ST CORPUS CHRISTI, TX 78401	20-8867074	115	15,000.	0.			PROGRAM SUPPORT
CITY OF DAVENPORT PARKS & REC 700 W RIVER DRIVE DAVENPORT, IA 52802	42-6004463	115	25,000.	0.			PROGRAM SUPPORT
CITY OF EL CAJON 200 CIVIC CENTER WAY EL CAJON, CA 92020	95-6000703	115	15,000.	0.			PROGRAM SUPPORT
CITY OF EL PASO 300 N CABELL ST EL PASO, TX 79901	74-6000749	115	90,000.	0.			PROGRAM SUPPORT
CITY OF ELBA RECREATION 767 CLAXTON AVENUE ELBA, AL 36323	63-6001247	115	25,000.	0.			PROGRAM SUPPORT
CITY OF EUNICE 300 2ND STREET EUNICE, LA 70535	72-6000383	115	25,000.	0.			PROGRAM SUPPORT
CITY OF EUREKA 531 K STREET EUREKA, CA 95501	94-6000328	115	35,000.	0.			PROGRAM SUPPORT
CITY OF FARMINGTON PARKS AND RECREATION - 901 FAIRGROUNDS RD - FARMINGTON, NM 87401	85-6000129	115	20,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF FAYETTEVILLE 433 HAY STREET FAYETTEVILLE, NC 28301	56-6001226	115	25,000.	0.			PROGRAM SUPPORT
CITY OF FRANKLIN 300 IBERIA ST FRANKLIN, LA 70538	72-6000470	115	25,000.	0.			PROGRAM SUPPORT
CITY OF GAHANNA DEPARTMENT OF PARKS & RECREATION - 200 S HAMILTON RD - GAHANNA, OH 43230	31-6400492	115	86,956.	0.			PROGRAM SUPPORT
CITY OF GARDEN CITY 106 SOUTH 11TH STREET GARDEN CITY, KS 67846	06-6001874	115	30,000.	0.			PROGRAM SUPPORT
CITY OF GRAND RAPIDS PARKS AND RECREATION DEPT. - 600 MONROE AVE NW - GRAND RAPIDS, MI 49503	38-6004689	115	90,000.	0.			PROGRAM SUPPORT
CITY OF GREENSBORO PO BOX 26120 GREENSBORO, NC 27402	56-6000230	115	30,000.	0.			PROGRAM SUPPORT
CITY OF HOUSTON, TEXAS 2999 S. WAYSIDE DR. HOUSTON, TX 77023	74-6001164	115	25,000.	0.			PROGRAM SUPPORT
CITY OF HOXIE (HOXIE RECREATION) PO BOX 184 HOXIE, KS 67740	48-6014174	115	10,000.	0.			PROGRAM SUPPORT
CITY OF KENT PARKS, RECREATION AND COMMUNITY SERV - 220 4TH AVENUE SO. - KENT, WA 98032	91-6011254	115	35,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF KERMAN 850 S MADERA AVE KERMAN, CA 93630	94-6000351	115	25,000.	0.			PROGRAM SUPPORT
CITY OF KING COVE 3380 C STREET ANCHORAGE, AK 99503	92-6001247	115	30,000.	0.			PROGRAM SUPPORT
CITY OF LEWISVILLE PARKS & RECREATION - 1197 W. MAIN STREET - LEWISVILLE, TX 75067	75-6000583	115	15,000.	0.			PROGRAM SUPPORT
CITY OF LOS ANGELES DEPT. OF RECREATION AND PARKS - PO BOX 86328 - LOS ANGELES, CA 90086	95-6000735	115	40,000.	0.			PROGRAM SUPPORT
CITY OF LYNNWOOD PARKS, RECREATION AND CULTURAL AR - PO BOX 5008 - LYNNWOOD, WA 98046-5008	91-6015840	115	40,000.	0.			PROGRAM SUPPORT
CITY OF MEMPHIS OFFICE OF THE COMPTROLLER MEMPHIS, TN 38103-2082	62-6000361	115	112,500.	0.			PROGRAM SUPPORT
CITY OF MEMPHIS: DIV OF PARKS AND NEIGHBORHOODS - 2599 AVERY AVE - MEMPHIS, TN 38112	62-6000361	115	40,000.	0.			PROGRAM SUPPORT
CITY OF MOUNT AIRY 113 SOUTH RENFRO STREET MOUNT AIRY, NC 27030	56-6001293	115	22,000.	0.			PROGRAM SUPPORT
CITY OF NEW BRITAIN 27 WEST MAIN STREET NEW BRITAIN, CT 06051	06-6001874	115	30,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF NEW ROCHELLE 515 NORTH AVE NEW ROCHELLE, NY 10801-3416	13-6013979	115	15,000.	0.			PROGRAM SUPPORT
CITY OF NEW YORK DEPT. OF PARKS & RECREATION - 1234 FIFTH AVE, ROOM 201 - NEW YORK CITY, NY 10029	13-6400434	115	97,500.	0.			PROGRAM SUPPORT
CITY OF NOLANVILLE 101 NORTH 5TH STREET NOLANVILLE, TX 76559	74-1535087	115	30,000.	0.			PROGRAM SUPPORT
CITY OF ORLANDO 400 SOUTH ORANGE AVENUE ORLANDO, FL 32801	59-6000396	115	15,000.	0.			PROGRAM SUPPORT
CITY OF OZARK 320 EAST COLLEGE STREET OZARK, AL 36360	63-6001339	115	25,000.	0.			PROGRAM SUPPORT
CITY OF PATERSON, NEW JERSEY 155 MARKET ST PATERSON, NJ 07505	22-6002200	115	40,000.	0.			PROGRAM SUPPORT
CITY OF PHILADELPHIA PARKS AND RECREATION - 1515 ARCH STREET - PHILADELPHIA, PA 19102	23-6003047	115	25,000.	0.			PROGRAM SUPPORT
CITY OF PINE BLUFF 200 EAST 8TH AVE PINE BLUFF, AR 71601	71-6009954	115	30,000.	0.			PROGRAM SUPPORT
CITY OF PORT HURON RECREATION DEPARTMENT - 2829 ARMOUR STREET - PORT HURON, MI 48060	38-6004727	115	20,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF RALEIGH PARKS AND RECR RICHARD COSTELLO RALEIGH, NC 27607	56-6000236	115	40,000.	0.			PROGRAM SUPPORT
CITY OF ROCHESTER 201 4TH STREET SE ROCHESTER, MN 55904	41-6005494	115	15,000.	0.			PROGRAM SUPPORT
CITY OF SAN JOSE 200 EAST SANTA CLARA STREET SAN JOSE, CA 95110	94-6000419	115	25,000.	0.			PROGRAM SUPPORT
CITY OF SOCORRO 202 MCCUTCHEON AVENUE SOCORRO, NM 87801	85-6000175	115	25,000.	0.			PROGRAM SUPPORT
CITY OF STARKVILLE PARKS AND RECREATION DEPARTMENT - 405 LYNN LANE - STARKVILLE, MS 37959	64-6001082	115	15,000.	0.			PROGRAM SUPPORT
CITY OF TAMPA 1420 NORTH TAMPA ST TAMPA, FL 33602	59-1101138	115	25,000.	0.			PROGRAM SUPPORT
CITY OF TOLEDO DIVISION OF PARKS ONE GOVERNMENT CENTER SUITE 2000 TOLEDO, OH 43604	34-6401447	115	30,000.	0.			PROGRAM SUPPORT
CITY OF TUKWILA PARKS AND RECREATION - 6200 SOUTHCENTER BLVD - TUKWILA, WA 98188	91-6001519	115	15,000.	0.			PROGRAM SUPPORT
CITY OF WINOOSKI VERMONT ROBERT DIMASI WINOOSKI, VT 05404	03-6000782	115	40,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENVER PARKS AND RECREATION 201 WEST COLFAX AVENUE DEPT 601 DENVER, CO 80202	84-6000580	115	40,000.	0.			PROGRAM SUPPORT
FRIENDS OF MOUNT VERNON ARTS, RECREATION AND YOUTH - 1 ROOSEVELT SQUARE - MOUNT VERNON, NY 10550	90-0910967	501C3	25,000.	0.			PROGRAM SUPPORT
GROW APPLACHIA CPO 2214 BEREA, KY 40404	61-0444650	501C3	25,000.	0.			PROGRAM SUPPORT
HEARTLAND CONSERVATION ALLIANCE, INC. - 4750 TROOST AVE - KANSAS CITY, MO 64111-1728	35-2434953	501C3	120,000.	0.			PROGRAM SUPPORT
HIDALGO COUNTY 2810 S BUSINESS HWY 281 EDINBURG, TX 78539	74-6000717	115	30,000.	0.			PROGRAM SUPPORT
HOPEWELL RECREATION AND PARKS 100 W CITY POINT ROAD HOPEWELL, VA 23860	54-6001354	115	30,000.	0.			PROGRAM SUPPORT
HOUSTON PARKS AND RECREATION DEPARTMENT - 2999 S. WAYSIDE DR. - HOUSTON, TX 77023	74-6001164	115	15,000.	0.			PROGRAM SUPPORT
INDIANAPOLIS PARKS FOUNDATION 615 NORTH ALABAMA ST. SUITE 119 INDIANAPOLIS, IN 46204	35-1860468	501C3	30,000.	0.			PROGRAM SUPPORT
LAKE CHARLES RECREATION AND PARKS ATTN: TRUDY GEHIG LAKE CHARLES, LA 70601	72-6000641	115	80,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKE CHARLES RECREATION AND PARKS PO BOX 3706 LAKE CHARLES, LA 70602	72-6000641	115	32,500.	0.			PROGRAM SUPPORT
LANCASTER RECREATION COMMISSION 525 FAIRVIEW AVE LANCASTER, PA 17603-5715	23-1352353	115	25,000.	0.			PROGRAM SUPPORT
LINCOLN CITY PARKS AND RECREATION 2150 NE OAR PLACE LINCOLN CITY, OR 97367	93-0523629	115	30,000.	0.			PROGRAM SUPPORT
LOCAL GOVERNMENT COMMISSION 980 9TH STREET SACRAMENTO, CA 95814	94-2791699	115	115,000.	0.			PROGRAM SUPPORT
LOS ANGELES COUNTY DEPART. OF PARKS AND RECREATION - 1000 S FREMONT AVENUE - LOS ANGELES, CA 91803	95-6000927	115	70,000.	0.			PROGRAM SUPPORT
LOUISVILLE PARKS AND RECREATION 611 W. JEFFERSON ST LOUISVILLE, KY 40202	32-0049006	115	97,500.	0.			PROGRAM SUPPORT
MARKET UMBRELLA 200 BROADWAY ST NEW ORLEANS, LA 70119	26-2477706	501C3	30,000.	0.			PROGRAM SUPPORT
METROPOLITAN PARK DISTRICT OF TACOMA - 4702 SOUTH 19TH STREET - TACOMA, WA 98405	91-6000988	115	40,000.	0.			PROGRAM SUPPORT
NEW LONDON RECREATION DEPARTMENT 120 BROAD STREET NEW LONDON, CT 06320	06-6001880	115	24,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARK PRIDE ATLANTA, INC. 233 PEACHTREE STREET ATLANTA, GA 30303	58-1883895	501C3	370,000.	0.			PROGRAM SUPPORT
PARKS FOUNDATION OF MIAMI-DADE 275 NW 2ND STREET SUITE 547 MIAMI, FL 33128	20-0924393	501C3	67,500.	0.			PROGRAM SUPPORT
PHOENIX PARKS FOUNDATION 2700 N. 15TH AVENUE PHOENIX, AZ 85007	95-3413342	501C3	25,000.	0.			PROGRAM SUPPORT
PUEBLO OF SANDIA 481 SANDIA SCHOOL ROAD BERNALILLO, MN 87004	85-0223706	115	25,000.	0.			PROGRAM SUPPORT
RATON HOUSING AUTHORITY 309 PARSONS AVE RATON, NM 87740	85-0166902	115	25,000.	0.			PROGRAM SUPPORT
SAN FRANCISCO RECREATION AND PARKS 501 STANYAN STRETT SAN FRANCISCO, CA 94117	94-6000417	115	30,000.	0.			PROGRAM SUPPORT
SCOTLAND COUNTY PARKS AND RECREATION - 1210 TURNPIKE ROAD - LAURINBURG, NC 28352	56-6000339	115	30,000.	0.			PROGRAM SUPPORT
SHENANDOAH COUNTY PARKS AND RECREATION - 600 N MAIN STREET - WOODSTOCK, VA 22664	54-6001603	115	30,000.	0.			PROGRAM SUPPORT
THE EAST ORANGE DEPT. OF RECREAT AND CULTURAL AFF - 44 CITY HALL PLAZA - EAST ORANGE, NJ 07018	22-6011769	115	25,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF BEL AIR 39 N HICKORY AVE BEL AIR, MD 21014	52-6000775	115	150,000.	0.			PROGRAM SUPPORT
TOWN OF VIVIAN 112 W ALABAMA AVE VIVIAN, LA 71082	72-6001451	115	25,000.	0.			PROGRAM SUPPORT
TUNICA COUNTY BOARD OF SUPERVISORS 1058 SOUTH COURT STREET, P.O. BOX TUNICA, MA 38676	64-6001134	115	20,000.	0.			PROGRAM SUPPORT
UNIFIED GOVERNMENT OF WYANDOTTE 701 NORTH 7TH STREET KANSAS CITY, KS 66101	48-1194075	115	30,000.	0.			PROGRAM SUPPORT
WHEELING PARK DISTRICT 100 COMMUNITY BLVD WHEELING, IL 60090	36-6009530	115	30,000.	0.			PROGRAM SUPPORT
WINNEBAGO COUNTY PARKS 625 W COUNTY ROAD Y OSHKOSH, WI 54901	39-6005760	115	30,000.	0.			PROGRAM SUPPORT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ASSOCIATION'S PROGRAM AND FINANCE STAFF EXERCISES REGULAR REVIEW OF
 GRANTEE PROGRESS ON A MID-YEAR, ANNUAL, AND END OF GRANT BASIS TO ENSURE
 GRANTEE COMPLIANCE WITH GRANT REQUIREMENTS AND TO PROVIDE ASSESSMENT OF
 OBJECTIVES, PROGRESS AND FINANCIAL STEWARDSHIP. THE ASSOCIATION'S STAFF
 ALSO CONDUCTS ANNUAL AUDITS OF SUB-GRANTEES SELECTED AT RANDOM TO ENSURE
 ALL EXPENDITURES ARE SUBSTANTIATED AND IN ACCORDANCE WITH THE GRANT
 AGREEMENTS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization: NATIONAL RECREATION AND PARK ASSOCIATION
 Employer identification number: 13-5563001

Part I Questions Regarding Compensation

1a Check the appropriate 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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 aren't 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BARBARA TULIPANE PRESIDENT AND CEO	(i)	430,906.	0.	30,710.	18,500.	1,129.	481,245.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GINA MULLINS-COHEN VP OF MARKETING, COMMUNICATIONS & PU	(i)	147,456.	600.	1,970.	11,257.	7,315.	168,598.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAVID COOPER VP OF INDIVIDUAL GIVING	(i)	123,173.	0.	21,347.	18,846.	0.	163,366.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KEVIN O'HARA VP OF GOVERNMENT AFFAIRS	(i)	129,675.	0.	277.	9,824.	28,231.	168,007.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KEVIN ROTH VP OF RESEARCH	(i)	149,240.	300.	473.	18,500.	21,157.	189,670.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) REBECCA WICKLINE SR VP OF BUSINESS DEVELOPMENT	(i)	166,008.	0.	350.	18,500.	21,367.	206,225.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: NATIONAL RECREATION AND PARK ASSOCIATION
Employer identification number: 13-5563001

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (AIRLINE PASSE)	X	75	30,000. FMV	
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement: 29

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

NATIONAL RECREATION AND PARK ASSOCIATION

Employer identification number

13-5563001

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

LIFE FOR ALL PEOPLE.

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

FACILITY OPERATIONS, RECREATION PROGRAMMING AND MORE.

MORE THAN 22,000 PROFESSIONALS ARE CERTIFIED THROUGH NRPA PROGRAMS.

THESE INDIVIDUALS HAVE DEMONSTRATED THEIR KNOWLEDGE IN CORE AREAS, SUCH

AS AQUATIC FACILITY OPERATION, PLAYGROUND SAFETY INSPECTION AND/OR

PROFESSIONALISM IN PARKS AND RECREATION (ENTRY-LEVEL AND EXECUTIVE

LEVEL).

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

SAME YEAR. THE ORGANIZATION HOSTS ITS OWN WEBSITE, NRPA.ORG, AND A

VARIETY OF SOCIAL MEDIA CHANNELS, INCLUDING FACEBOOK, TWITTER,

LINKEDIN, INSTAGRAM AND YOUTUBE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES

EXPENSES \$ 716,514. INCLUDING GRANTS OF \$ 0. REVENUE \$ 121,267.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION UPDATED ITS BYLAWS ON JANUARY 15, 2019 TO INCLUDE A

PROVISION UNDER WHICH INDIVIDUALS ELECTED TO THE BOARD OF DIRECTORS SHALL

KEEP THEIR ORIGINAL DESIGNATION (PROFESSIONAL OR ADVOCATE) THROUGH THE

ENTIRETY OF THEIR TENURE ON THE BOARD, INCLUDING ANY SUBSEQUENT TERMS,

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization NATIONAL RECREATION AND PARK ASSOCIATION	Employer identification number 13-5563001
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DESPITE ANY CHANGE IN TITLE OR OCCUPATION.

THE ORGANIZATION UPDATED ITS BYLAWS ON MAY 21, 2019 TO INCLUDE THE

FOLLOWING:

- ELIMINATED THE REQUIREMENT FOR INDIVIDUALS TO HAVE A CERTIFICATION IN ORDER TO JOIN THE BOARD OF DIRECTORS.
- ELIMINATED CRITERIA FOR THE ADVOCATE POSITION ON THE BOARD OF DIRECTORS.
- APPOINTMENTS TO THE BOARD BY THE CHAIR ARE NOW FOR A TWO YEAR TERM.
- PROVIDING LANGAUGE REGARDING THE PRIMARY DUTY OF THE GOVERNANCE COMMITTEE IN PRESENTING BOARD CANDIDATES TO THE BOARD FOR THEIR APPROVAL.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS MEMBERS THAT ARE EITHER ADVOCATE OR PROFESSIONAL. THE MEMBERS HAVE NO RIGHTS TO SHARE IN THE PROFITS NOR DO THEY HAVE ANY ELECTORAL RIGHTS.

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

A DRAFT OF THE FORM 990 IS REVIEWED IN DETAIL BY THE BOARD OF DIRECTORS AND THE CHIEF FINANCIAL OFFICER AT THE FALL BOARD MEETING. PRIOR TO FILING, A FINAL VERSION OF THE FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD.

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

BOARD MEMBERS ARE ASKED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY. THE CONFLICT OF INTEREST POLICY COVERS ALL DIRECTORS AND OFFICERS OF NRPA. THE NRPA BOARD OF DIRECTORS DELEGATES THE AUTHORITY TO THE NRPA FINANCE COMMITTEE TO MAKE DETERMINATIONS UNDER THIS POLICY AND TO ADMINISTER SANCTIONS INCLUDING WARNING, REPRIMAND, CENSURE, AND EXPULSION. THE FINANCE COMMITTEE SHALL ADVISE THE BOARD OF DIRECTORS OF ANY ACTIONS

Name of the organization NATIONAL RECREATION AND PARK ASSOCIATION	Employer identification number 13-5563001
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TAKEN. IN THE EVENT A MEMBER OF THE FINANCE COMMITTEE IS CHARGED WITH A VIOLATION OF THIS POLICY THAT MEMBER SHALL RECUSE HIM OR HERSELF FROM ANY FINANCE COMMITTEE DELIBERATIONS ON THE MATTER.

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

COMPENSATION FOR ALL NRPA STAFF PERSONS, WITH THE EXCEPTION OF THE CHIEF EXECUTIVE OFFICER, IS DETERMINED USING THE PROCESS OUTLINED IN THE COMPENSATION POLICY WHICH INCLUDES OUTSIDE COMPARATIVE DATA, INTERNAL EQUITY ANALYSIS, AND RECOMMENDATIONS FROM HUMAN RESOURCES AND IS AT THE SOLE DISCRETION OF THE CEO AS DICTATED IN THE NRPA BYLAWS AS "CHIEF OF STAFF."

THE CHIEF EXECUTIVE OFFICER'S COMPENSATION AS PER NRPA BYLAWS IS AT THE DISCRETION OF THE CHAIR OF THE BOARD OF DIRECTORS (A NON-STAFF ELECTED POSITION TO WHOM THE CEO REPORTS AND HAS NO CONFLICT OF INTEREST) AND INCLUDES THE FOLLOWING PROCEDURES IN DETERMINING THE INITIAL COMPENSATION:

1. REVIEW AND COLLABORATION WITH THE EXECUTIVE COMMITTEE AND THE SEARCH COMMITTEE WHICH EXCLUDES PERSONS WITH A CONFLICT OF INTEREST.

2. USE OF DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS PROVIDED BY HUMAN RESOURCES.

3. CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION MAINTAINED BY THE SEARCH COMMITTEE DURING THE PROCESS AND BY NRPA HUMAN RESOURCES AFTER THE PROCESS AND DETERMINATION IS COMPLETED, IN COMPLIANCE WITH RECORD RETENTION

Name of the organization NATIONAL RECREATION AND PARK ASSOCIATION	Employer identification number 13-5563001
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REGULATIONS REGARDING PAYROLL RECORDS.

4. SEARCH COMMITTEE ONLY APPLIES WHEN HIRING THE CEO. THE CHAIR IS RESPONSIBLE TO DOING THE ANNUAL PERFORMANCE REVIEW OF THE CEO. THE CHAIR GETS INPUT AND FEEDBACK FROM THE ENTIRE BOARD AND THEN REVIEWS THE INFORMATION AND RECOMMENDATIONS WITH THE EXECUTIVE COMMITTEE. THE REVIEW AND COMPENSATION IS PRESENTED TO THE FULL BOARD.

NRPA DID USE AN INDEPENDENT OUTSIDE COMPENSATION CONSULTANT THAT LOOKED AT SIMILAR SIZED ORGANIZATIONS, TYPE, LOCATION, ETC. THE SALARY WAS BASED ON THE COMPARABLE DATA.

ONGOING COMPENSATION ADJUSTMENTS FOR A SITTING CHIEF EXECUTIVE OFFICER ARE SUBJECT TO PARAMETERS SET IN THE CEO'S INITIAL EMPLOYMENT CONTRACT (TYPICALLY A 3-YEAR CONTRACT), AND AS PER NRPA BYLAWS IS ALSO AT THE DISCRETION OF THE CHAIR OF THE BOARD OF DIRECTORS (A NON-STAFF ELECTED POSITION TO WHOM THE CEO REPORTS AND HAS NO CONFLICT OF INTEREST) AND INCLUDES THE FOLLOWING PROCEDURES IN DETERMINING ANY ANNUAL COMPENSATION ADJUSTMENT:

1. REVIEW AND COLLABORATION WITH THE EXECUTIVE COMMITTEE WHICH EXCLUDES PERSONS WITH A CONFLICT OF INTEREST;

2. USE OF DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS PROVIDED BY HUMAN RESOURCES;

3. DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO DELIBERATIONS AND

Name of the organization NATIONAL RECREATION AND PARK ASSOCIATION	Employer identification number 13-5563001
--	--

DECISIONS REGARDING THE COMPENSATION MAINTAINED BY NRPA HUMAN RESOURCES

AFTER THE PROCESS AND DETERMINATION IS COMPLETED, IN COMPLIANCE WITH RECORD

RETENTION REGULATIONS REGARDING PAYROLL RECORDS.

NRPA'S COMPENSATION POLICY WAS PUBLISHED ON FEBRUARY 1, 2001 AND UPDATED IN

JULY 1, 2016. ALL NON-CEO STAFF HAVE BEEN HIRED USING THE PROCESS

ESTABLISHED IN THE COMPENSATION POLICY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AZ, FL, IL, ME, MN, MS, NH, OK, OR, RI, UT, VA, WV

FORM 990, PART VI, SECTION C, LINE 19:

THE ASSOCIATION BELIEVES ITS ORGANIZING DOCUMENTS INCLUDING THE CONFLICT OF

INTEREST POLICY ARE PROPRIETARY IN NATURE AND THEREFORE, THESE DOCUMENTS

ARE NOT MADE AVAILABLE TO THE PUBLIC FOR THE SAME PERIOD OF DISCLOSURE AS

SET FORTH IN SECTION 6104(D). THE FEDERAL FORMS 990 AND 1023 ARE MADE

AVAILABLE UPON REQUEST. THE ASSOCIATION ALSO PROVIDES SUMMARIZED FINANCIAL

STATEMENTS IN ITS ANNUAL REPORT WHICH CAN BE DOWNLOADED FROM ITS WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER CONSULTING FEES:

PROGRAM SERVICE EXPENSES	1,780,647.
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MANAGEMENT AND GENERAL EXPENSES	559,702.
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FUNDRAISING EXPENSES	29,234.
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TOTAL EXPENSES	2,369,583.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,369,583.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

Name of the organization NATIONAL RECREATION AND PARK ASSOCIATION	Employer identification number 13-5563001
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GAIN ON INTEREST IN TRUST 68,981.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS HAS
BEEN CONSISTENT WITH PRIOR YEARS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **NATIONAL RECREATION AND PARK ASSOCIATION** Employer identification number **13-5563001**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NATIONAL RECREATION AND PARK FOUNDATION, INC. - 20-5202971, 22377 BELMONT RIDGE ROAD, ASHBURN, VA 20148	SUPPORTING ORGANIZATION OF NRPA	VIRGINIA	501(C)(3)	LINE 12A, I	NATIONAL RECREATION AND PARK ASSOCIATION	X	

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

Schedule R (Form 990) 2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

2018

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A Check box if address changed		Name of organization (Check box if name changed and see instructions.) NATIONAL RECREATION AND PARK ASSOCIATION	D Employer identification number (Employees' trust, see instructions.) 13-5563001
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) 408(e) 220(e) 408A 530(a) 529(a)	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 22377 BELMONT RIDGE ROAD	E Unrelated business activity code (See instructions.) 541800
		City or town, state or province, country, and ZIP or foreign postal code ASHBURN, VA 20148-4150	

C Book value of all assets at end of year 21,284,837.	F Group exemption number (See instructions.) ▶			
	G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation 501(c) trust 401(a) trust Other trust			

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ ADVERTISING. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ BRENDA CAMACHO, VP OF FINANCE AND Telephone number ▶ (703) 858-0784

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales		c Balance ▶	1c			
b Less returns and allowances			2			
2 Cost of goods sold (Schedule A, line 7)			3			
3 Gross profit. Subtract line 2 from line 1c			4a			
4a Capital gain net income (attach Schedule D)			4b			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4c			
c Capital loss deduction for trusts			5			
5 Income (loss) from a partnership or an S corporation (attach statement)			6			
6 Rent income (Schedule C)			7			
7 Unrelated debt-financed income (Schedule E)			8			
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			9			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			10	65,752.		65,752.
10 Exploited exempt activity income (Schedule I)			11	976,521.	773,557.	202,964.
11 Advertising income (Schedule J)			12			
12 Other income (See instructions; attach schedule)			13	1,042,273.	773,557.	268,716.
13 Total. Combine lines 3 through 12						

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule) (see instructions)		18	
19 Taxes and licenses		19	
20 Charitable contributions (See instructions for limitation rules) STATEMENT 3 SEE STATEMENT 1		20	0.
21 Depreciation (attach Form 4562)		21	
22 Less depreciation claimed on Schedule A and elsewhere on return		22a	
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	65,752.
27 Excess readership costs (Schedule J)		27	202,964.
28 Other deductions (attach schedule) SEE STATEMENT 2		28	2,000.
29 Total deductions. Add lines 14 through 28		29	270,716.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	-2,000.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31	
32 Unrelated business taxable income. Subtract line 31 from line 30		32	-2,000.

Part III Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-2,000.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	-2,000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	-2,000.

Part IV Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

Part V Tax and Payments			
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	46,072.
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: Form 2439 _____ Form 4136 _____ Other _____ Total	50g	
51	Total payments. Add lines 50a through 50g	51	46,072.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	46,072.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 46,072. Refunded	55	0.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ VP OF FINANCE AND CFO Title: _____
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name	Pre	Date	Check if self-employed	PTIN
	ELIZABETH HELLER	<i>Elizabeth Heller</i>	10/1/2019		P00397829
	Firm's name	Firm's EIN		52-1855942	
	2021 L STREET, NW SUITE 400		Phone no. (202) 293-2200		
	WASHINGTON, DC 20036				

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No	
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5 STMT 4	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) WEBSITE BANNER ADS	65,752.		65,752.		294,703.	65,752.
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
Totals		65,752.	0.			65,752.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) PARK & RECREATION						
(2) MAGAZINE	976,521.	773,557.		178,402.	487,152.	
(3)						
(4)						
Totals (carry to Part II, line (5))		976,521.	773,557.	202,964.	178,402.	487,152.
						202,964.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	976,521.	773,557.				202,964.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 976,521.	Enter here and on page 1, Part I, line 11, col. (B). 773,557.				Enter here and on page 1, Part II, line 27. 202,964.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2018)

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY

METHOD USED TO DETERMINE FMV

AMOUNT

CHARITABLE CONTRIBUTIONS

N/A

4,356,912.

TOTAL TO FORM 990-T, PAGE 1, LINE 20

4,356,912.

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION

AMOUNT

TAX PREPARATION FEE

2,000.

TOTAL TO FORM 990-T, PAGE 1, LINE 28

2,000.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2013	
FOR TAX YEAR 2014	
FOR TAX YEAR 2015	4,451,554
FOR TAX YEAR 2016	4,750,703
FOR TAX YEAR 2017	4,526,943

TOTAL CARRYOVER 13,729,200

TOTAL CURRENT YEAR 10% CONTRIBUTIONS 4,356,912

TOTAL CONTRIBUTIONS AVAILABLE 18,086,112

TAXABLE INCOME LIMITATION AS ADJUSTED 0

EXCESS 10% CONTRIBUTIONS 18,086,112

EXCESS 100% CONTRIBUTIONS 0

TOTAL EXCESS CONTRIBUTIONS 18,086,112

ALLOWABLE CONTRIBUTIONS DEDUCTION 0

TOTAL CONTRIBUTION DEDUCTION 0

FORM 990-T SCHEDULE I - EXPENSES NOT DIRECTLY CONNECTED STATEMENT 4
 WITH PRODUCTION OF UNRELATED BUSINESS INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
WEBSITE EXPENSES		294,703.	
- SUBTOTAL -	1		294,703.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 6			294,703.