

Form **990**

Return of Organization Exempt From Income Tax

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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	G Gross receipts \$ 17,017,001.
	22377 BELMONT RIDGE ROAD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code ASHBURN, VA 20148-4150		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: BARBARA TULIPANE SAME AS C ABOVE			H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.NRPA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1926 M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
	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 15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 14
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5 86
	6 Total number of volunteers (estimate if necessary)	6 1445
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 993,169.
	b Net unrelated business taxable income from Form 990-T, line 34	7b 196,986.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 9,720,299. Current Year: 8,381,839.
	9 Program service revenue (Part VIII, line 2g)	7,428,172. 7,962,241.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,667. 53,856.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	520,925. 443,717.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,667,729. 16,841,653.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
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)		5,972,365. 6,606,892.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 236,355.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,306,960. 5,764,024.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,759,525. 17,143,506.	
19 Revenue less expenses. Subtract line 18 from line 12	1,908,204. -301,853.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 16,794,325. End of Year: 15,893,451.
	21 Total liabilities (Part X, line 26)	7,475,337. 6,437,222.
	22 Net assets or fund balances. Subtract line 21 from line 20	9,318,988. 9,456,229.

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			
	ANNA AMSELLE, CHIEF OPERATING & FIN. OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name YONG ZHANG	Preparer's signature <i>Yong Zhang</i>	Date 11/01/17	Check if self-employed <input type="checkbox"/>	PTIN P01249785
	Firm's name ▶ RSM US LLP	Firm's address ▶ 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102	Firm's EIN ▶ 42-0714325	Phone no. 703-336-6400	

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 6,707,364. including grants of \$ 4,764,790.) (Revenue \$) NATIONAL PARTNERSHIPS. 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 WORKS WITH WALMART, DISNEY, ESPN, AMERICAN WATER, ALLIANCE FOR A HEALTHIER GENERATION, COCA-COLA, SOUTHWEST AIRLINES, THE JPB FOUNDATION, AND MANY OTHERS. THE ORGANIZATION IMPACTED MORE THAN 1.4 MILLION PEOPLE THROUGH THESE PROGRAMS INCLUDING OVER 1 MILLION PEOPLE OF COLOR AND 660,000 LOW INCOME INDIVIDUALS. NRPA PROVIDED MORE THAN 17.4 MILLION HEALTHY MEALS AND SNACKS SERVED TO CHILDREN. THE ORGANIZATION PROVIDED INCREASED ACCESS TO PHYSICAL ACTIVITY FOR 462,000 PEOPLE. OVER 1.1 MILLION IMPROVED THEIR NUTRITION AND 59,000 WERE

4b (Code:) (Expenses \$ 3,180,828. including grants of \$ 7,800.) (Revenue \$ 6,894,839.) KNOWLEDGE, LEARNING, AND CONFERENCES. NRPA IS DEDICATED TO PROVIDING LEARNING OPPORTUNITIES TO ADVANCE THE DEVELOPMENT OF BEST PRACTICES AND RESOURCES THAT MAKE PARK AND RECREATION INDISPENSABLE ELEMENTS OF COMMUNITIES. NRPA HOSTS THE LARGEST ANNUAL CONFERENCE OF PARK AND RECREATION PROFESSIONALS WITH 8,000 ATTENDEES. NRPA HAS 21,000 CERTIFIED INDIVIDUALS IN THE AREAS OF AQUATIC FACILITIES, PLAYGROUND SAFETY, AND PARK AND RECREATION PROFESSIONALS IN GENERAL.

4c (Code:) (Expenses \$ 2,369,957. including grants of \$) (Revenue \$ 471,179.) MEMBERSHIP, MARKETING AND COMMUNICATIONS. NRPA HAS 61,000 MEMBERS INCLUDING PARK AND RECREATION PROFESSIONALS, STUDENTS, ADVOCATES, AND ACADEMICS. THE ORGANIZATION PROVIDES THE PROFESSION WITH GRANT OPPORTUNITIES, PROFESSIONAL DEVELOPMENT, NETWORKING, ADVOCACY AND MANY OTHER RESOURCES TO SUPPORT THEIR LOCAL COMMUNITIES.

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,274,227. including grants of \$) (Revenue \$ 740,906.)

4e Total program service expenses 13,532,376.

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O

Table with columns for question number, description, sub-questions (1a-14b), and Yes/No columns. Contains various tax compliance questions and their corresponding answers.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 15		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 14		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **ANNA AMSELLE, CPA, MBA, CAE - (703) 858-0784**
22377 BELMONT RIDGE ROAD, ASHBURN, VA 20148-4150

SEE SCHEDULE O FOR FULL LIST OF STATES

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) STEPHEN ECKELBERRY CHAIR	4.00 1.00	X		X				0.	0.	0.
(2) LEON T. ANDREWS CHAIR-ELECT	2.00 1.00	X		X				0.	0.	0.
(3) SUSAN TRAUTMAN PAST CHAIR	2.00	X		X				0.	0.	0.
(4) MICHAEL KELLY TREASURER	2.00	X		X				0.	0.	0.
(5) JACK KARDYS SECRETARY	2.00	X		X				0.	0.	0.
(6) JESUS AGUIRRE DIRECTOR	1.00	X						0.	0.	0.
(7) NEELAY BHATT DIRECTOR	1.00	X						0.	0.	0.
(8) KEVIN COYLE DIRECTOR	1.00	X						0.	0.	0.
(9) ROBERT GARCIA DIRECTOR	1.00	X						0.	0.	0.
(10) RICHARD GULLEY DIRECTOR	1.00	X						0.	0.	0.
(11) ROSYLN JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(12) KAREN BATES KRESS DIRECTOR	1.00	X						0.	0.	0.
(13) HERMAN PARKER DIRECTOR	1.00	X						0.	0.	0.
(14) MOLLY STEVENS DIRECTOR	1.00	X						0.	0.	0.
(15) WILLIAM TURNER DIRECTOR	1.00	X						0.	0.	0.
(16) DR. HOWELL WECHSLER DIRECTOR	1.00	X						0.	0.	0.
(17) REBECCA BENNA DIRECTOR	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) JENNIFER HARNISH DIRECTOR	1.00	X					0.	0.	0.	
(19) DETRICK STANFORD DIRECTOR	1.00	X					0.	0.	0.	
(20) BARBARA TULIPANE PRESIDENT AND CEO	40.00	X		X			406,451.	0.	34,384.	
(21) ANNA AMSELLE COO/CFO	40.00			X			187,001.	0.	33,776.	
(22) REBECCA LEE WICKLINE SR.VP OF BUSINESS DEVELOPMENT	40.00				X		147,350.	0.	33,308.	
(23) GINA MULLINS-COHEN VP OF MARKETING, COMMUNICATION	40.00				X		137,672.	0.	18,427.	
(24) KEVIN ROTH VP, RESEARCH	40.00				X		135,565.	0.	34,324.	
(25) THEODORE MATTINGLYRA DIR. OF FACILITIES AND ADMIN. SERVIC	40.00				X		118,722.	0.	31,309.	
(26) KEVIN O'HARA VP OF URBAN AND GOVERNMENT AFFAIRS	40.00				X		118,550.	0.	37,628.	
1b Sub-total							1,251,311.	0.	223,156.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,251,311.	0.	223,156.	

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 **7**

	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, 100A BELFIELD ROAD, TORONTO, CANADA ON M9W 1G1	MEETING SERVICES	367,607.
APPLIED MEASUREMENT PROFESSIONALS, INC 18000 W 105TH STREET, OLATHE, KS 66061	PROFESSIONAL SERVICES	243,871.
AMERICAN TECHNOLOGY SERVICES, 2751 PROSPERITY AVE., 6TH FLOOR, FAIRFAX, VA	IT MANAGEMENT SERVICES	233,999.
DARTMOUTH PRINTING COMPANY 69 LYME RD, HANOVER, NH 03755	PUBLICATION PRINTING	132,786.
HEALTHY NETWORKS DESIGN & RESEARCH, 19 HACKBERRY CIRCLE, SHEPHERDSTOWN, WV 25443	CONSULTING SERVICE	104,640.

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 **11**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	1,927,596.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	458,110.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,996,133.				
	g Noncash contributions included in lines 1a-1f: \$		50,000.				
	h Total. Add lines 1a-1f		8,381,839.				
Program Service Revenue	2 a CONVENTION AND FEES	Business Code 900099	5,849,576.	3,172,451.		2,677,125.	
	b ACCREDITATION AND CERTIFICATION F	900099	1,084,668.	1,084,668.			
	c PUBLICATIONS	541800	1,027,997.	34,828.	993,169.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		7,962,241.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		112,026.			112,026.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		232,307.			232,307.	
	6 a Gross rents	(i) Real	82,123.				
		(ii) Personal					
		b Less: rental expenses	0.				
		c Rental income or (loss)	82,123.				
	d Net rental income or (loss)		82,123.			82,123.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	45,794.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	103,964.				
		c Gain or (loss)	-58,170.				
	d Net gain or (loss)		-58,170.			-58,170.	
	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					
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						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	144,683.					
	b Less: cost of goods sold	71,384.					
	c Net income or (loss) from sales of inventory		73,299.	73,299.			
Miscellaneous Revenue		Business Code					
11 a SALE OF MAILING LABELS	900099	47,965.			47,965.		
	b OTHER INCOME	900099	8,023.		8,023.		
	c						
	d All other revenue						
e Total. Add lines 11a-11d		55,988.					
12 Total revenue. See instructions.		16,841,653.	4,365,246.	993,169.	3,101,399.		

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	4,772,590.	4,772,590.		
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	474,611.	329,275.	132,409.	12,927.
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	4,758,965.	3,302,114.	1,326,610.	130,241.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	242,348.	167,968.	67,729.	6,651.
9 Other employee benefits	756,465.	524,446.	212,402.	19,617.
10 Payroll taxes	374,503.	259,553.	104,461.	10,489.
11 Fees for services (non-employees):				
a Management				
b Legal	52,460.		52,460.	
c Accounting	62,901.	22,786.	40,115.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	45,794.		45,794.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,765,540.	1,496,427.	249,714.	19,399.
12 Advertising and promotion	39,557.	39,204.	353.	
13 Office expenses	622,400.	453,805.	168,060.	535.
14 Information technology	167,234.	6,530.	160,704.	
15 Royalties				
16 Occupancy	207,310.	38,357.	168,953.	
17 Travel	566,906.	499,888.	44,925.	22,093.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,444,886.	1,397,718.	46,821.	347.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	244,016.	17,587.	226,429.	
23 Insurance	69,765.	4,647.	65,118.	
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	167,672.		167,672.	
b UBIT TAX	79,500.	79,500.		
c DUES AND PROF. RESOURCE	62,025.	36,259.	24,560.	1,206.
d TRAINING AND DEVELOPMENT	48,886.	12,561.	36,325.	
e All other expenses	117,172.	71,161.	33,161.	12,850.
25 Total functional expenses. Add lines 1 through 24e	17,143,506.	13,532,376.	3,374,775.	236,355.
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 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	375,996.	1	250,775.
	2 Savings and temporary cash investments	6,131,297.	2	4,654,067.
	3 Pledges and grants receivable, net	66,076.	3	152,881.
	4 Accounts receivable, net	163,830.	4	192,780.
	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	31,447.	8	23,607.
	9 Prepaid expenses and deferred charges	313,553.	9	345,999.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,788,325.		
	b Less: accumulated depreciation	10b 2,969,793.	2,849,973.	10c 2,818,532.
	11 Investments - publicly traded securities	6,842,808.	11	7,454,810.
	12 Investments - other securities. See Part IV, line 11	19,345.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	16,794,325.	16	15,893,451.	
Liabilities	17 Accounts payable and accrued expenses	690,651.	17	763,816.
	18 Grants payable		18	
	19 Deferred revenue	4,006,629.	19	4,208,091.
	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	2,778,057.	25	1,465,315.
	26 Total liabilities. Add lines 17 through 25	7,475,337.	26	6,437,222.
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	3,952,858.	27	4,350,290.
	28 Temporarily restricted net assets	4,801,238.	28	4,541,047.
	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	9,318,988.	33	9,456,229.	
34 Total liabilities and net assets/fund balances	16,794,325.	34	15,893,451.	

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	16,841,653.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,143,506.
3	Revenue less expenses. Subtract line 2 from line 1	3	-301,853.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,318,988.
5	Net unrealized gains (losses) on investments	5	439,755.
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	-661.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,456,229.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
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?		X
3b	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		

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,354,015.	6,112,961.	9,623,272.	9,720,299.	8,381,839.	38,192,386.
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	6,105,574.	5,565,018.	6,247,033.	6,617,407.	7,113,755.	31,648,787.
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	10,459,589.	11,677,979.	15,870,305.	16,337,706.	15,495,594.	69,841,173.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	225,250.	337,200.	325,360.	276,000.	291,050.	1,454,860.
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	225,250.	337,200.	325,360.	276,000.	291,050.	1,454,860.
8 Public support. (Subtract line 7c from line 6.)						68,386,313.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	10,459,589.	11,677,979.	15,870,305.	16,337,706.	15,495,594.	69,841,173.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	514,447.	529,426.	469,226.	457,179.	426,456.	2,396,734.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	514,447.	529,426.	469,226.	457,179.	426,456.	2,396,734.
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.	670,480.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	113,084.	104,541.	44,614.	44,380.	55,988.	362,607.
13 Total support. (Add lines 9, 10c, 11, and 12.)	11,087,120.	12,311,946.	16,599,828.	17,097,076.	16,175,024.	73,270,994.

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 2016 (line 8, column (f) divided by line 13, column (f))	15	93.33 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	93.33 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	3.27 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	3.65 %

19a 33 1/3% support tests - 2016. 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 - 2015. 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 (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? If "Yes" to a, b, or c, provide detail in Part VI .		

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? 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

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)? 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).		

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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? 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.	Yes	No
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? 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.		
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? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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		(A) Prior Year	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).		

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2012 AMOUNT: \$ 113,084.

2013 AMOUNT: \$ 104,541.

2014 AMOUNT: \$ 44,614.

2015 AMOUNT: \$ 44,380.

2016 AMOUNT: \$ 55,988.

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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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, 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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	_____ _____ _____	\$ 98,273.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 414,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 48,260.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 1,522,500.	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	_____ _____ _____	\$ 21,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 144,602.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 443,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ 1,145,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ 354,000.	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/> <hr/>	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<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/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<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/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<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/>	\$ _____	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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

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	
(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	
(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	
(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	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

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.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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 NATIONAL RECREATION AND PARK ASSOCIATION	Employer identification number 13-5563001
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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) 2016

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)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	52,545.													
c	Total lobbying expenditures (add lines 1a and 1b)	52,545.													
d	Other exempt purpose expenditures	17,162,345.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	17,214,890.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	799,229.	719,641.	719,183.	1,000,000.	3,238,053.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,857,080.
c Total lobbying expenditures	120,634.	68,584.	59,428.	52,545.	301,191.
d Grassroots nontaxable amount	199,807.	179,910.	179,796.	250,000.	809,513.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,214,270.
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)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
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.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2016

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	1,259,990.	1,231,572.	1,238,898.	1,150,823.	1,094,720.
b Contributions	100.	100.	140.	200.	
c Net investment earnings, gains, and losses	66,262.	28,318.	27,534.	121,875.	99,103.
d Grants or scholarships					
e Other expenditures for facilities and programs			35,000.	34,000.	43,000.
f Administrative expenses					
g End of year balance	1,326,352.	1,259,990.	1,231,572.	1,238,898.	1,150,823.

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 42.60 %
- c Temporarily restricted endowment 57.40 %

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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		4,649,417.	2,169,996.	2,479,421.
c Leasehold improvements				
d Equipment		642,087.	345,219.	296,868.
e Other		496,821.	454,578.	42,243.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,818,532.

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part 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	229,240.
(3) LONG TERM LIABILITY	1,236,075.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,465,315.

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	17,352,792.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	439,755.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	71,384.
e	Add lines 2a through 2d	2e	511,139.
3	Subtract line 2e from line 1	3	16,841,653.
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	16,841,653.

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	17,214,890.
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	71,384.
e	Add lines 2a through 2d	2e	71,384.
3	Subtract line 2e from line 1	3	17,143,506.
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	17,143,506.

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 X, LINE 2:

THE ASSOCIATION IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE ASSOCIATION QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2). THE ASSOCIATION GENERATES UNRELATED BUSINESS INCOME FROM ITS ADVERTISING ACTIVITIES. THE ASSOCIATION HAD TAX EXPENSE FOR

Part XIII Supplemental Information (continued)

UNRELATED BUSINESS INCOME OF APPROXIMATELY \$80,449 FOR THE YEAR ENDED JUNE 30, 2017.

MANAGEMENT EVALUATED THE TAX POSITIONS AND CONCLUDED THAT THE ASSOCIATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD ON LINE 10B 71,384.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD ON LINE 10B 71,384.

**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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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
ALLIANCE FOR THE GREAT LAKES 150 N MICHIGAN AVE SUITE 700 CHICAGO, IL 60601	23-7104524	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
ARKANSAS CITY RECREATION 225 EAST 5TH AVE ATTN: CASEY DOTY ARKANSAS CITY, KS 67005	48-6099908	GOV'T AGENCY	5,000.	0.			PROGRAM SUPPORT
AUGUSTA RECREATION AND PARKS 2027 LUMPKIN ROAD AUGUSTA, GA 30906	58-2204274	GOV'T AGENCY	22,691.	0.			PROGRAM SUPPORT
AUSTIN PARKS & RECREATION DEPARTMENT - 200 SOUTH LAMAR BLVD. - AUSTIN,, TX 78704	74-6000085	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
BENSENVILLE PARK DISTRICT 1000 W WOOD ST BENSENVILLE, IL 60106	36-2470580	GOV'T AGENCY	5,000.	0.			PROGRAM SUPPORT
BOARD OF COUNTY COMMISSIONERS, BREVARD COUNTY - 2725 JUDGE FRAN JAMIESON WAY BLDG B-203 - MELBOURNE, FL 32940	59-6000523	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **129.**

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) (2016)

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 PROSPECT PARK 106 BROWN AVENUE PROSPECT PARK, NJ 07508	22-6002229	GOV'T AGENCY	5,000.	0.			PROGRAM SUPPORT
BREC PARK & REC 6201 FLORIDA BLVD ATTN CHRIS MARCHIAFAVA - BATON ROUGE, LA 70806	72-6015451	GOV'T AGENCY	32,500.	0.			PROGRAM SUPPORT
BREVARD COUNTY PARKS & RECREATION 2725 JUDGE FRAN JAMIESON WAY BUILDI VIERA, FL 32940	59-6000523	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
CANTON PARK DISTRICT ATTN: JON JOHNSON 250 S AVENUE D CANTON, IL 61520	37-6000875	GOV'T AGENCY	15,000.	0.			PROGRAM SUPPORT
CHATTANOOGA PARKS & RECREATION ATTN: RICHARD WEST 1102 SOUTH WATKINS ST. - CHATTANOOGA, TN 37404	62-6000259	GOV'T AGENCY	5,000.	0.			PROGRAM SUPPORT
CHESTERFIELD COUNTY PARKS & REC PO BOX 40 CHESTERFIELD, VA 23832	54-6001208	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
CHICAGO PARK DISTRICT 541 NORTH FAIRBANKS CT 6TH FLOOR ATTN STEPHANIE GIBBONS - CHICAGO, IL 60611	36-6005822	GOV'T AGENCY	55,000.	0.			PROGRAM SUPPORT
CINCINNATI RECREATION COMMISSION 805 CENTRAL AVE SUITE 800 CINCINNATI, OH 45202	31-6000064	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
CITY OF ANNISTON PO BOX 670 ANNISTON, AL 36202	63-6001182	GOV'T AGENCY	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 ARLINGTON ATTN: WENDY PARKER 717 WEST MAIN ARLINGTON, TX 76013	75-6000450	GOV'T AGENCY	53,725.	0.			PROGRAM SUPPORT
CITY OF ATLANTA FINANCE DEPT 233 PEACHTREE ST ATLANTA, GA 30303	58-6000511	GOV'T AGENCY	55,000.	0.			PROGRAM SUPPORT
CITY OF BATTLE CREEK PARKS & RECREATION DEPT. - 35 HAMBLIN AVENUE - BATTLE CREEK, MI 49017	38-6004523	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
CITY OF BUCKEYE COMMUNITY SERVICES DEPT - 530 E. MONROE AVENUE ATTN CHERYL SEDIG - BUCKEYE, AZ 85326	86-6000236	GOV'T AGENCY	5,000.	0.			PROGRAM SUPPORT
CITY OF CAMDEN DEPARTMENT OF HUMAN SERVICES - 1000 N 6TH STREET - CAMDEN, NJ 08102	21-6000418	GOV'T AGENCY	35,000.	0.			PROGRAM SUPPORT
CITY OF CAPE CANAVERAL 106 POLK AVENUE PO BOX 326 CAPE CANAVERAL, FL 32920	59-0974636	GOV'T AGENCY	5,000.	0.			PROGRAM SUPPORT
CITY OF COLORADO SPRINGS 1401 RECREATION WAY ATTN: KAREN PAULAS - COLORADO SPRINGS, CO 80905	84-6000573	GOV'T AGENCY	15,000.	0.			PROGRAM SUPPORT
CITY OF COSTA MESA 77 FAIR DRIVE COSTA MESA, CA 92626	95-6005030	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
CITY OF COVINGTON, KY 200 W. PIKE ST COVINGTON, KY 41011	61-6001804	GOV'T AGENCY	10,000.	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 DAVENPORT 226 W. FOURTH STREET DAVENPORT, IA 52801	42-6004463	GOV'T AGENCY	139,700.	0.			PROGRAM SUPPORT
CITY OF DORAL DEPARTMENT OF PARKS AND RECREATION - 8401 NW 53 TERR - DORAL, FL 33166	73-1690945	GOV'T AGENCY	5,000.	0.			PROGRAM SUPPORT
CITY OF EAST ORANGE 44 CITY HALL PLAZA EAST ORANGE, NJ 07018	22-6011769	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
CITY OF EMERYVILLE 1333 PARK AVENUE4 EMERYVILLE, CA 94608	94-6000326	GOV'T AGENCY	35,000.	0.			PROGRAM SUPPORT
CITY OF FARMINGTON 800 MUNICIPAL DRIVE FARMINGTON, NM 87401	85-6000129	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
CITY OF FLORENCE, KY 8100 EWING BLVD FLORENCE, KY 41042	61-6003079	GOV'T AGENCY	7,500.	0.			PROGRAM SUPPORT
CITY OF FORT LAUDERDALE PARKS AND RECREATION - 1350 W BROWARD BLVD ATTN TODD STILPHIN - FORT LAUDERDALE, FL 33312-1643	59-6000319	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
CITY OF FRESNO PARKS, AFTER SCHOOL, RECREATION AND COMMUNITY SE - 848 M STREET ATTN MANUEL MOLINEDO - FRESNO, CA 93721	94-6000338	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
CITY OF HARTFORD RECREATION DIVISION - 550 MAIN STREET ROOM 3RD FLOOR CITY HALL ATTN DR JOSE COLON-RIVAS - HARTFORD, CT 06103	06-6001870	GOV'T AGENCY	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 HENDERSON 250 S GREEN VALLEY PARKWAY HENDERSON, NV 89012	88-6000720	GOV'T AGENCY	5,000.	0.			PROGRAM SUPPORT
CITY OF HOPEWELL 300 NORTH MAIN STREET HOPEWELL, VA 23860	54-6001354	GOV'T AGENCY	150,000.	0.			PROGRAM SUPPORT
CITY OF ITHACA GREATER ITHACA ACTIVITIES CENTER - 301 WEST COURT ST - ITHACA, NY 14850	15-6000407	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
CITY OF JERSEY CITY 1 JOURNAL SQUARE PLAZA JERSEY CITY, NJ 07306	22-6002013	GOV'T AGENCY	35,000.	0.			PROGRAM SUPPORT
CITY OF LAKE WORTH 7 NORTH DIXIE HIGHWAY LAKE WORTH, FL 33460	59-6000358	GOV'T AGENCY	35,000.	0.			PROGRAM SUPPORT
CITY OF LAKELAND 228 S MASSACHUSETTS AVE LAKELAND, FL 33801-5086	56-6000354	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
CITY OF LOS ANGELES DEPT OF RECREATION AND PARKS - PO BOX 86328 ATTN MIHAEL SCHULL - LOS ANGELES, CA 90086	95-6000735	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
CITY OF LUMBERTON BILL SAP CENTER 1100 NORTH CEDAR ST LUMBERTON, NC 28358	56-6001274	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
CITY OF MANCHESTER NH ONE CITY HALL PLAZA MANCHESTER, NH 03101	02-6000517	GOV'T AGENCY	5,000.	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 MCALLEN PARKS AND RECREATION DEPARTMENT - PO BOX 220 - MCALLEN, TX 78509	74-6001650	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
CITY OF MESA P O BOX 1466 MESA, AZ 85211-1466	86-6000252	GOV'T AGENCY	44,000.	0.			PROGRAM SUPPORT
CITY OF MOUNT AIRY 113 SOUTH RENFRO STREET MOUNT AIRY, NC 27030	56-6001293	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
CITY OF MUSTANG 1201 N. MUSTANG ROAD MUSTANG, OK 73064	73-0765218	GOV'T AGENCY	9,000.	0.			PROGRAM SUPPORT
CITY OF NEWPORT NEWS 700 TOWN CENTER DRIVE SUITE 320 NEWPORT NEWS, VA 23606	54-6022059	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
CITY OF NORTH LAS VEGAS 2250 NORTH LAS VEGAS BLVD NORTH LAS VEGAS, NV 89030	88-6000200	GOV'T AGENCY	10,000.	0.			PROGRAM SUPPORT
CITY OF ORLANDO 400 SOUTH ORANGE AVENUE ATTEN: JON ORLANDO, FL 32801	59-6000396	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
CITY OF PAULS VALLEY PARKS & REC DEPT. - PO BOX 778 - PAULS VALLEY, OK 73075	73-6005370	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
CITY OF PEORIA 8401 W. MONROE STREET PEORIA, AZ 85345	86-6003634	GOV'T AGENCY	15,000.	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 PITTSBURGH PARKS AND RECREATION - 414 GRANT STREET COUNTY BUILDING 4TH FLOOR - PITTSBURGH, PA 15219	25-6000879	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
CITY OF POMPANO BEACH 100 WEST ATLANTIC BLVD PO BOX 1300 POMPANO BEACH, FL 33060	59-6000411	GOV'T AGENCY	5,000.	0.			PROGRAM SUPPORT
CITY OF RACINE 730 WASHINGTON AVE RACINE, WI 53403	39-6005581	GOV'T AGENCY	35,000.	0.			PROGRAM SUPPORT
CITY OF READING RECREATION DIV. ATTN: HEATHER BOYER 3RD & SPRUCE ST READING, PA 19610	38-3860043	GOV'T AGENCY	5,000.	0.			PROGRAM SUPPORT
CITY OF ROANOKE 215 CHURCH AVE SW ROANOKE, VA 20411	54-6001569	GOV'T AGENCY	35,000.	0.			PROGRAM SUPPORT
CITY OF ROCK ISLAND - MARTIN LUTHER KING, JR CENTER - 630 9TH STREET - ROCK ISLAND, IL 61201	36-3100490	GOV'T AGENCY	35,000.	0.			PROGRAM SUPPORT
CITY OF RUSSEVILLE 304 JACKSON NORTH RUSSEVILLE, AL 35653	63-6001358	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
CITY OF SAN DIEGO PARK AND RECREATION DEPARTMENT - 202 C STREET 37 C ATTN HERMAN PARKER - SAN DIEGO, CA 92101	95-6000776	GOV'T AGENCY	15,000.	0.			PROGRAM SUPPORT
CITY OF SAN JOSE 200 EAST SANTA CLARA STREET SAN JOSE, CA 95110	94-6000419	GOV'T AGENCY	7,500.	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 SANTA ANA 888 W. SANTA ANA BLVD FL 2 SANTA ANA, CA 92701	95-6000785	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
CITY OF SCOTTSDALE 7447 E INDIAN SCHOOL RD SUITE 210 SCOTTSDALE, AZ 85251	86-6000735	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
CITY OF SEATTLE PARKS AND RECREATION - 100 DEXTER AVENUE NORTH ATTN: CHRISTOPHER WILLIAMS - SEATTLE, WA 98109	91-6001275	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
CITY OF SIOUX FALLS 224 WEST NINTH ST PO BOX 7402 SIOUX FALLS, SD 57117	46-6000425	GOV'T AGENCY	7,500.	0.			PROGRAM SUPPORT
CITY OF SOUTH BURLINGTON 575 DORSET ST. SOUTH BURLINGTON, VT 05403	03-6002712	GOV'T AGENCY	33,000.	0.			PROGRAM SUPPORT
CITY OF SOUTH SALT LAKE 2531 SOUTH 400 EAST SOUTH SALT LAKE, UT 84115	87-6000283	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
CITY OF ST PETERSBURG PARKS & RECREATION - 1400 19TH STREET N ATTN MIKE JEFFERIS - ST PETERSBURG, FL 33713	59-6000424	GOV'T AGENCY	15,000.	0.			PROGRAM SUPPORT
CITY OF STOCKTON 425 N EL DORADO STOCKTON, CA 95202	94-6000436	GOV'T AGENCY	60,143.	0.			PROGRAM SUPPORT
CITY OF TAMPA 1420 NORTH TAMPA ST TAMPA, FL 33602	59-1101138	GOV'T AGENCY	22,500.	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 TOLEDO ONE GOVERNMENT CENTER SUITE 2000 TOLEDO, OH 43604	34-6401447	GOV'T AGENCY	5,000.	0.			PROGRAM SUPPORT
CITY OF TUCSON PARKS AND RECREATION - 900 S RANDOLPH WAY ATTN FRED GRAY - TUCSON, AZ 85716	86-6000266	GOV'T AGENCY	22,500.	0.			PROGRAM SUPPORT
CITY OF UNIONTOWN 20 NORTH GALLATIN AVE UNIONTOWN, PA 15401	25-6000885	GOV'T AGENCY	32,000.	0.			PROGRAM SUPPORT
CITY OF WESTBROOK 426 BEIDGE STREET WESTBROOK, ME 04092	01-6000038	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
CITY OF WISCONSIN DELLS 300 LA CROSSE STREET WISCONSIN DELLS, WI 53965	39-6005659	GOV'T AGENCY	15,000.	0.			PROGRAM SUPPORT
CITY OF YOUNGSTOWN DEPT OF PARKS & RECREATION - 26 S. PHELPS STREET - YOUNGSTOWN, OH 44503	34-6013189	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
CITY PARKS FOUNDATION 830 FIFTH AVENUE ROOM 200 ATTN CHRISTINE DABROW, NYC PARKS - NEW YORK, NY 10	13-3561657	GOV'T AGENCY	77,340.	0.			PROGRAM SUPPORT
COLUMBUS RECREATION & PARKS DEPT 1111 EAST BROAD STREET ATTN KAY SNY COLUMBUS, OH 43205	31-6400223	GOV'T AGENCY	17,500.	0.			PROGRAM SUPPORT
DALLAS PARKS FOUNDATION 9540 GARLAND ROAD SUITE 381-117 ATTN SAMUEL F. STILES - DALLAS, TX 75218	20-0012044	501(C)(3)	70,499.	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
DURHAM PARKS AND RECREATION 101 CITY HALL PLAZA ATTN SARAH HOGA DURHAM, NC 27701	56-6000225	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
EL PASO PARKS & REC DEPT 300 N CAMBELL EL PASO, TX 79901	74-6000749	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
ENVIROMENTAL LEARNING FOR KIDS PO BOX 21679 DENVER, CO 80221	84-1436605	501(C)(3)	437,500.	0.			PROGRAM SUPPORT
FLORENCE PARKS AND RECREATION 180 N IRBY STREET - BOX HH ATTN DARLENE BUCHANAN - FLORENCE, SC 29541	57-6000232	GOV'T AGENCY	5,000.	0.			PROGRAM SUPPORT
FRIENDS OF HEMMING PARK 303 N LAURA STREET SUITE G5 JACKSONVILLE, FL 32202	45-4403411	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
FRIENDS OF TAMPA PARKS 600 N WILLOW AVE SUITE 300 TAMPA, FL 33606	59-2920852	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
GENESEE CO PARKS & REC COMM 5045 E STANLEY RD ATTEN: AMY MCMILL FLINT, MI 48506	38-6004849	GOV'T AGENCY	35,000.	0.			PROGRAM SUPPORT
GREENROOTS 227 MARGINAL ST SUITE 1 CHELSEA, MA 02150	81-2718273	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
GROUNDWORK ELIZABETH 205 FIRST STREET C/O ELIZABETH DEVELOPMENT COMPANY - ELIZABETH, NJ 07206	56-2397106	501(C)(3)	5,000.	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
HOUSTON PARKS AND RECREATION DEPARTMENT - 2999 S. WAYSIDE DR. ATTN JOE TURNER - HOUSTON, TX 77023	74-6001164	GOV'T AGENCY	35,000.	0.			PROGRAM SUPPORT
HOUSTON PARKS BOARD 2999 S WAYSIDE DR STE 814 HOUSTON, TX 77023	74-1860046	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
JOLIET PARTK DISTRICT 3000 WEST JEFFERSON STREET ATTEN: B JOLIET, IL 60435	36-6005938	GOV'T AGENCY	15,000.	0.			PROGRAM SUPPORT
KEEP WESTERN NEW YORK BEAUTIFUL 144 HERITAGE TD TONAWANDA, NY 14150	16-1591803	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT - 200 EAST MAIN ST - LEXINGTON, KY 40507	61-0858140	GOV'T AGENCY	10,000.	0.			PROGRAM SUPPORT
LINCOLN PARKS AND RECREATION DEPARTMENT - 2740 A STREET ATTN LYNN JOHNSON - LINCOLN, NE 68502	47-6006256	GOV'T AGENCY	10,000.	0.			PROGRAM SUPPORT
LOS ANGELES PARKS FOUNDATION 2650 N. COMMONWEALTH AVE ATTN JUDITH KIEFFER - LOS ANGELES, CA 90027	26-2358338	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
LOUISVILLE METRO PARKS 1297 TREVILIAN WAY ATTEN: ERIKA NELSON LOUISVILLE, KY 40213	32-0049006	GOV'T AGENCY	22,500.	0.			PROGRAM SUPPORT
MACON-BIBB P&R ATTN: BEN HAMRICK PO BOX 247 MACON, GA 31202-0247	46-3992371	501(C)(3)	5,000.	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
MARSHALL PARKS AND RECREATION 214 N LAFAYETTE MARSHALL, MO 65340	44-6000217	GOV'T AGENCY	35,000.	0.			PROGRAM SUPPORT
MARTIN COUNTY PARKS & REC ATTN: JESSE MOORE 2401 SE MONTEREY STUART, FL 34996	59-6000743	GOV'T AGENCY	15,000.	0.			PROGRAM SUPPORT
MECKLENBURG COUNTY PARK AND RECREATION - 5841 BROOKSHIRE BLVD ATTN: JAMES GARGES - CHARLOTTE, NC 28216	56-6000319	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
METRO BOARD OF PARKS & REC. 700 2ND AVENUE SOUTH SUITE 310 PO B NASHVILLE, TN 37203	62-0694743	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
MIAMI-DADE CO. PARK & REC DEPT. 275 NW 2ND STREET MIAMI, FL 33128	59-6000573	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
MILWAUKEE PUBLIC SCHOOLS 5225 W VLIET ST ROOM 160 MILWAUKEE, WI 53208-2698	39-6003457	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
MOORESVILLE PARKS & RECREATION DEPARTMENT - PO BOX 1445 - MOORESVILLE, NE 28115	56-6001290	GOV'T AGENCY	17,691.	0.			PROGRAM SUPPORT
NEW CASTLE COUNTY 87 READS WAY NEW CASTLE, DE 19720	51-6000160	GOV'T AGENCY	7,500.	0.			PROGRAM SUPPORT
NEW LONDON RECREATION DEPT. ATTN: MARY HILL 120 BROAD STREET NEW LONDON, CT 06320	06-6001880	GOV'T AGENCY	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
NEW ORLEANS RECREATION DEVELOPMENT FOUNDATION - 935 GRAVIER STREET, SUITE 820 - NEW ORELANS, LA 70112	27-4513946	501(C)(3)	35,000.	0.			PROGRAM SUPPORT
NEW YORK CITY DEPT OF PARKS & RECREATION - 830 FIFTH AVENUE ATTN ADENA LONG - NEW YORK, NY 10065	13-6400434	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
OAKLAND PARKS AND RECREATION FOUNDATION - 666 BELLEVUE AVENUE ATTN: KEN LUPOFF - OAKLAND, CA 94610	94-2751052	501(C)(3)	52,000.	0.			PROGRAM SUPPORT
OUTDOOR EXPERIENCES ADVISORY COUNCIL - 8600A VERREE RD - PHILADELPHIA, PA 19115	23-6003047	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
PARK PRIDE ATLANTA, INC 233 PEACHTREE STREET SUITE 1600 ATLANTA, GA 30303	58-1883895	501(C)(3)	437,500.	0.			PROGRAM SUPPORT
PARKS & PEOPLE FOUNDATION 2100 LIBERTY HEIGHTS AVENUE BALTIMORE, MD 21217	52-1349346	501(C)(3)	437,500.	0.			PROGRAM SUPPORT
PHILADELPHIA PARKS& RECREATION 1515 ARCH STREET 10-TH FLOOR ATTN SUSAN SLAWSON - PHILADELPHIA, PA 19102	23-6003047	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
PHOENIX PARKS FOUNDATION NORTON HOUSE 2700 N. 15TH AVENUE PHOENIX, AZ 85007	95-3413342	501(C)(3)	70,000.	0.			PROGRAM SUPPORT
PITTSBURGH PARKS CONSERVANCY 45 SOUTH 23RD STREET QUITE 101 PITTSBURGH, PA 15203	23-2882145	GOV'T AGENCY	437,500.	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
QUINCY PARK DISTRICT ATTN: SHELBY SCHOONOVER 1310 WASHIN QUINCY, IL 62301	37-6000385	GOV'T AGENCY	5,000.	0.			PROGRAM SUPPORT
REGIONAL PARK FOUNDATION PO BOX 21074 CRESTMONT STATION OAKLAND, CA 94620	23-7011877	501(C)(3)	38,000.	0.			PROGRAM SUPPORT
RIVERSIDE PARK CONSERVANCY 475 RIVERSIDE DRIVE SUITE 455 NEW YORK, NY 10115	13-3443825	GOV'T AGENCY	72,500.	0.			PROGRAM SUPPORT
SAN ANTONIO PARKS & REC 5800 W OLD US HIGHWAY 90 ATTN: LYM SAN ANTONIO, TX 78227	74-6002070	GOV'T AGENCY	27,500.	0.			PROGRAM SUPPORT
SAN ANTONIO PARKS FOUNDATION 400 NORTH SAINT MARY'S STREET SUITE 78205 - SAN ANTONIO, TX 78205	74-2167369	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
SAN FRANCISCO REC. & PARK DEPT. ATTN: PETER OQUENDO 501 STANYAN ST SAN FRANCISCO, CA 94117	94-6000417	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
SOUTHGATE RECREATION & PARK DISTRICT - 6000 ORANGE AVENUE - SACRAMENTO, CA 95823	68-0414751	GOV'T AGENCY	5,000.	0.			PROGRAM SUPPORT
THE CITY OF LUBBOCK PARKS AND RECREATION - PO BOX 2000 ATTN BRIDGET FAUKKENBERRY - LUBBOCK, TX 79457	75-6000590	GOV'T AGENCY	15,000.	0.			PROGRAM SUPPORT
THE CITY OF MOBILE 205 GOVERNMENT ST MOBILE, AL 36644	63-6001318	GOV'T AGENCY	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
TOWN OF BOLTON 221 S 9TH STREET PO BOX 327 BOLTON, NC 28423	56-0941459	GOV'T AGENCY	33,000.	0.			PROGRAM SUPPORT
TOWN OF BROOKLINE 333 WASHINGTON ST. BROOKLINE, MA 02446	04-6001102	GOV'T AGENCY	5,000.	0.			PROGRAM SUPPORT
TOWN OF BUXTON 185 PORTLAND ROAD BUXTON, ME 04093	01-6000094	GOV'T AGENCY	5,000.	0.			PROGRAM SUPPORT
TUSCALOOSA COUNTY PARK & REC AUTHORITY - PO BOX 2496 - TUSCALOOSA, AL 35463	63-6000651	GOV'T AGENCY	20,000.	0.			PROGRAM SUPPORT
VILLAGE OF UNIVERSITY PARK 698 BURNHAM DRIVE UNIVERSITY PARK, IL 60484	36-2651341	GOV'T AGENCY	35,000.	0.			PROGRAM SUPPORT
WINCHESTER PARKS AND RECREATION 1001 EAST CORK STREET, WINCHESTER, VA 22601	54-6001683	GOV'T AGENCY	5,000.	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 PARTNERSHIP AND BUSINESS DEVELOPMENT OFFICE 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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

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) 2016

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)	366,223.	36,675.	3,553.	16,414.	17,970.	440,835.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANNA AMSELLE COO/CFO	(i)	186,232.	0.	769.	7,652.	26,124.	220,777.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) REBECCA LEE WICKLINE SR.VP OF BUSINESS DEVELOPMENT	(i)	147,077.	0.	273.	9,103.	24,205.	180,658.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GINA MULLINS-COHEN VP OF MARKETING, COMMUNICATION	(i)	136,506.	0.	1,166.	8,282.	10,145.	156,099.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KEVIN ROTH VP, RESEARCH	(i)	135,142.	0.	423.	8,556.	25,768.	169,889.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) THEODORE MATTINGLYRA DIR. OF FACILITIES AND ADMIN. SERVIC	(i)	118,209.	0.	513.	5,894.	25,415.	150,031.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KEVIN O'HARA VP OF URBAN AND GOVERNMENT AFFAIRS	(i)	118,028.	0.	522.	8,853.	28,775.	156,178.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

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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.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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	1	50,000.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**

	Yes	No
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?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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:

TO ADVANCE PARKS, RECREATION AND ENVIRONMENTAL CONSERVATION EFFORTS
THAT ENHANCE THE QUALITY OF LIFE FOR ALL PEOPLE.

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

CONNECTED TO NATURE.

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

OTHER PROGRAM SERVICES

EXPENSES \$ 1,274,227. INCLUDING GRANTS OF \$ 0. REVENUE \$ 740,906.

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

BYLAW WAS UPDATED DURING FY2017.

THE CHANGES ARE:

-BOARD SIZE CHANGED TO 15-30 MEMBERS

-THE NOMINATING AND BOARD DEVELOPMENT COMMITTEE WAS ABSORBED BY THE
GOVERNANCE COMMITTEE

-PAST CHAIR WILL BE ELIMINATED FOR THE 2018 ELECTION

-THE CHAIR WILL SERVE TWO YEARS STARTING DURING THE 2018 ELECTION

-STARTING THE 2018 ELECTION YEAR, THE CHAIR WILL APPOINT 2 PEOPLE TO THE
EXECUTIVE COMMITTEE FOR 1 YEAR

-THE FUND DEVELOPMENT COMMITTEE WAS ADDED AT A COMMITTEE

-OTHER COMMITTEES WERE CHANGED TO REFLECT, OTHER NON BOARD COMMITTEES

-THE TERM CITIZEN WAS CHANGED TO ADVOCATE

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization NATIONAL RECREATION AND PARK ASSOCIATION	Employer identification number 13-5563001
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FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS MEMBERS THAT ARE EITHER AGENCY, 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 EXECUTIVE COMMITTEE TO MAKE DETERMINATIONS UNDER THIS POLICY AND TO ADMINISTER SANCTIONS, INCLUDING WARNING, REPRIMAND, CENSURE, AND EXPULSION. THE EXECUTIVE COMMITTEE SHALL ADVISE THE BOARD OF DIRECTORS OF ANY ACTIONS TAKEN. IN THE EVENT A MEMBER OF THE EXECUTIVE COMMITTEE IS CHARGED WITH A VIOLATION OF THIS POLICY, THAT MEMBER SHALL RECUSE HIM OR HERSELF FROM ANY EXECUTIVE 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".

Name of the organization

NATIONAL RECREATION AND PARK ASSOCIATION

Employer identification number

13-5563001

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 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

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

Name of the organization NATIONAL RECREATION AND PARK ASSOCIATION	Employer identification number 13-5563001
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FORM 990, PART VII, LINE 1A2

THE NPRA TERM FOR ITS BOARDMEMBERS RUNS FROM OCTOBER TO SEPTEMBER,
CONSEQUENTLY THE BOARD LIST REPORT IN THIS RETURN IS MADE UP
OF THE 2015-2016 AND 2016-2017 BOARDS.

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

OTHER CONSULTING FEES:

PROGRAM SERVICE EXPENSES	1,485,420.
MANAGEMENT AND GENERAL EXPENSES	249,714.
FUNDRAISING EXPENSES	19,399.
TOTAL EXPENSES	1,754,533.

COMMISSIONS:

PROGRAM SERVICE EXPENSES	11,007.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,007.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,765,540.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION ADJUSTMENT	-661.
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FORM 990, PART XII, LINE 2C

THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND
SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED 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.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**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
THE 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	

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.

	Yes	No
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?		
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)			

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

For calendar year 2016 or other tax year beginning JUL 1, 2016, and ending JUN 30, 2017

2016

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ 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

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) NATIONAL RECREATION AND PARK ASSOCIATION Number, street, and room or suite no. If a P.O. box, see instructions. 22377 BELMONT RIDGE ROAD City or town, state or province, country, and ZIP or foreign postal code ASHBURN, VA 20148-4150	D Employer identification number (Employees' trust, see instructions.) 13-5563001 E Unrelated business activity codes (See instructions.) 541800
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C Book value of all assets at end of year 15,893,451.	F Group exemption number (See instructions.) G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
--	---

H Describe the organization's primary unrelated business activity. ▶ **ADVERTISING**

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 ▶ **ANNA AMSELLE, CPA, MBA, CAE** Telephone number ▶ **(703) 858-0784**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10 137,265.	10,453.	126,812.
11 Advertising income (Schedule J)	11 855,904.	383,724.	472,180.
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 993,169.	394,177.	598,992.

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)	18	
19 Taxes and licenses	19	12,574.
20 Charitable contributions (See instructions for limitation rules) STATEMENT 2 SEE STATEMENT 1	20	21,887.
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	126,812.
27 Excess readership costs (Schedule J)	27	239,733.
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	401,006.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	197,986.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	197,986.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	196,986.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c	Income tax on the amount on line 34	35c	60,075.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36	
37 Proxy tax. See instructions		37	
38 Alternative minimum tax		38	
39 Tax on Non-Compliant Facility Income. See instructions		39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	60,075.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		
b	Other credits (see instructions)	41b		
c	General business credit. Attach Form 3800	41c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		
e	Total credits. Add lines 41a through 41d	41e		
42	Subtract line 41e from line 40	42		60,075.
43	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43		
44	Total tax. Add lines 42 and 43	44		60,075.
45a	Payments: A 2015 overpayment credited to 2016	45a	21,157.	
b	2016 estimated tax payments	45b	63,000.	
c	Tax deposited with Form 8868	45c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d		
e	Backup withholding (see instructions)	45e		
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f		
g	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	45g		
46	Total payments. Add lines 45a through 45g	46		84,157.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47		
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48		
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49		24,082.
50	Enter the amount of line 49 you want: Credited to 2017 estimated tax 24,082. Refunded	50		0.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51	At any time during the 2016 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	Yes	No
			X
52	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
53	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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.

Sign Here Signature of officer _____ Date _____ Title **CHIEF OPERATING & FIN OFFICER**

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

Paid Preparer Use Only

Print/Type preparer's name: **YONG ZHANG** Preparer's signature: _____ Date: _____ Check if self-employed PTIN: **P01249785**

Firm's name: **RSM US LLP** Firm's EIN: **42-0714325**

Firm's address: **1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102** Phone no. **703-336-6400**

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.	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	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) WEBSITE		STMT 3			STMT 4	
(2) BANNER ADS	137,265.	10,453.	126,812.		198,615.	126,812.
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).				Enter here and on page 1, Part II, line 26.
Totals		137,265.	10,453.			126,812.

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 &						
(2) RECREATION						
(3) MAGAZINE	855,904.	383,724.		115,301.	355,034.	
(4)						
Totals (carry to Part II, line (5))		855,904.	383,724.	472,180.	115,301.	355,034.
						239,733.

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	855,904.	383,724.				239,733.
Totals, Part II (lines 1-5)	855,904.	383,724.				239,733.

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.

**QUALIFIED UNDER SMALL CORPORATION EXEMPTION
Alternative Minimum Tax - Corporations**

OMB No. 1545-0123

Form **4626**
Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

2016

Name NATIONAL RECREATION AND PARK ASSOCIATION		Employer identification number 13-5563001
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
1	Taxable income or (loss) before net operating loss deduction	196,986.
2	Adjustments and preferences:	
a	Depreciation of post-1986 property	2a
b	Amortization of certified pollution control facilities	2b
c	Amortization of mining exploration and development costs	2c
d	Amortization of circulation expenditures (personal holding companies only)	2d
e	Adjusted gain or loss	2e
f	Long-term contracts	2f
g	Merchant marine capital construction funds	2g
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h
i	Tax shelter farm activities (personal service corporations only)	2i
j	Passive activities (closely held corporations and personal service corporations only)	2j
k	Loss limitations	2k
l	Depletion	2l
m	Tax-exempt interest income from specified private activity bonds	2m
n	Intangible drilling costs	2n
o	Other adjustments and preferences	2o
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	196,986.
4	Adjusted current earnings (ACE) adjustment:	
a	ACE from line 10 of the ACE worksheet in the instructions	196,986.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	0.
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)	
e	ACE adjustment. <ul style="list-style-type: none"> • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	196,986.
6	Alternative tax net operating loss deduction. See instructions	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	196,986.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	46,986.
b	Multiply line 8a by 25% (0.25)	11,747.
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	28,253.
9	Subtract line 8c from line 7. If zero or less, enter -0-	168,733.
10	Multiply line 9 by 20% (0.20)	33,747.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	
12	Tentative minimum tax. Subtract line 11 from line 10	0.
13	Regular tax liability before applying all credits except the foreign tax credit	60,075.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	0.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2016)

* SEE ALSO

STATEMENT 5

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	196,986.
2 ACE depreciation adjustment:			
a	AMT depreciation	2a	
b ACE depreciation:			
(1)	Post-1993 property	2b(1)	
(2)	Post-1989, pre-1994 property	2b(2)	
(3)	Pre-1990 MACRS property	2b(3)	
(4)	Pre-1990 original ACRS property	2b(4)	
(5)	Property described in sections 168(f)(1) through (4)	2b(5)	
(6)	Other property	2b(6)	
(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)	
c ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
3 Inclusion in ACE of items included in earnings and profits (E&P):			
a	Tax-exempt interest income	3a	
b	Death benefits from life insurance contracts	3b	
c	All other distributions from life insurance contracts (including surrenders)	3c	
d	Inside buildup of undistributed income in life insurance contracts	3d	
e	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e	
f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		3f	
4 Disallowance of items not deductible from E&P:			
a	Certain dividends received	4a	
b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19, 2014, 128 Stat. 4043)	4b	
c	Dividends paid to an ESOP that are deductible under section 404(k)	4c	
d	Nonpatronage dividends that are paid and deductible under section 1382(c)	4d	
e	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e	
f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		4f	
5 Other adjustments based on rules for figuring E&P:			
a	Intangible drilling costs	5a	
b	Circulation expenditures	5b	
c	Organizational expenditures	5c	
d	LIFO inventory adjustments	5d	
e	Installment sales	5e	
f Total other E&P adjustments. Combine lines 5a through 5e		5f	
6 Disallowance of loss on exchange of debt pools		6	
7 Acquisition expenses of life insurance companies for qualified foreign contracts		7	
8 Depletion		8	
9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		9	
10 Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		10	196,986.

FORM 990-T		CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV		AMOUNT
VARIOUS	N/A		4,772,590.
TOTAL TO FORM 990-T, PAGE 1, LINE 20			4,772,590.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2011	
FOR TAX YEAR 2012	
FOR TAX YEAR 2013	
FOR TAX YEAR 2014	
FOR TAX YEAR 2015	4,451,554

TOTAL CARRYOVER	4,451,554
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TOTAL CURRENT YEAR 10% CONTRIBUTIONS	4,772,590
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TOTAL CONTRIBUTIONS AVAILABLE	9,224,144
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TAXABLE INCOME LIMITATION AS ADJUSTED	21,887
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EXCESS 10% CONTRIBUTIONS	9,202,257
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EXCESS 100% CONTRIBUTIONS	0
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TOTAL EXCESS CONTRIBUTIONS	9,202,257
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ALLOWABLE CONTRIBUTIONS DEDUCTION	21,887
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TOTAL CONTRIBUTION DEDUCTION	21,887
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FORM 4626 AMT CONTRIBUTIONS STATEMENT 5

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS	
FOR TAX YEAR 2011	
FOR TAX YEAR 2012	
FOR TAX YEAR 2013	
FOR TAX YEAR 2014	
FOR TAX YEAR 2015	
<hr/>	
TOTAL CARRYOVER	
CURRENT YEAR CONTRIBUTIONS	4,772,590
<hr/>	
TOTAL CONTRIBUTIONS	4,772,590
10% OF TAXABLE INCOME AS ADJUSTED	21,887
<hr/>	
EXCESS CONTRIBUTIONS	4,750,703
<hr/> <hr/>	
ALLOWABLE CONTRIBUTIONS	21,887
<hr/> <hr/>	
AMT CHARITABLE DEDUCTION	21,887
REGULAR CONTRIBUTION DEDUCTION	21,887
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AMT CONTRIBUTION ADJUSTMENT	0
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