

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

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

**2023**

Open to Public  
Inspection

**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

<b>B</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	<b>C</b> Name of organization <div style="border: 1px solid black; padding: 2px;">NATIONAL RECREATION AND PARK ASSOCIATION</div> Doing business as <div style="border: 1px solid black; padding: 2px;">22377 BELMONT RIDGE RD</div> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <div style="border: 1px solid black; padding: 2px;">ASHBURN, VA 20148-4501</div> City or town, state or province, country, and ZIP or foreign postal code <b>F</b> Name and address of principal officer: KRISTINE STRATTON <div style="border: 1px solid black; padding: 2px;">SAME AS C ABOVE</div>	<b>D</b> Employer identification number <div style="border: 1px solid black; padding: 2px;">13-5563001</div> <b>E</b> Telephone number <div style="border: 1px solid black; padding: 2px;">703-858-0784</div> <b>G</b> Gross receipts \$ <div style="border: 1px solid black; padding: 2px;">26,440,474.</div> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> 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 <b>J</b> Website: WWW.NRPA.ORG <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>L</b> Year of formation: 1926 <b>M</b> State of legal domicile: NY		

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>TO ADVANCE PARKS, RECREATION AND ENVIRONMENTAL CONSERVATION EFFORTS THAT ENHANCE THE QUALITY OF LIFE</b>			
	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	25	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24	
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	105	
	6	Total number of volunteers (estimate if necessary)	6	1214	
	<b>Revenue</b>	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	928,576.
7b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
		<b>Prior Year</b>	<b>Current Year</b>		
8		Contributions and grants (Part VIII, line 1h)	8,348,647.	8,452,174.	
9		Program service revenue (Part VIII, line 2g)	9,064,405.	11,369,620.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,614,506.	1,847,895.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,814,609.	3,067,300.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,842,167.	24,736,989.	
<b>Expenses</b>		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,840,030.	2,501,673.
		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)	8,861,962.	10,133,867.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	13,508.	
	b	Total fundraising expenses (Part IX, column (D), line 25)	656,864.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,226,144.	9,294,321.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,928,136.	21,943,369.	
	19	Revenue less expenses. Subtract line 18 from line 12	914,031.	2,793,620.	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>	
	20	Total assets (Part X, line 16)	24,572,227.	26,857,425.	
	21	Total liabilities (Part X, line 26)	7,586,672.	7,642,930.	
22	Net assets or fund balances. Subtract line 21 from line 20	16,985,555.	19,214,495.		

**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.

<b>Sign Here</b>	Signature of officer	Date			
	KRISTINE STRATTON, PRESIDENT AND CEO Type or print name and title	4/16/2025			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	AARON M. FOX	AARON M. FOX	04/10/25		P01365820
<b>Preparer Use Only</b>	Firm's name	Firm's EIN			
	CBIZ ADVISORS, LLC	88-1478669			
Firm's address		Phone no.			
1899 L STREET, NW #850 WASHINGTON, DC 20036		202-227-4000			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

THE NATIONAL RECREATION AND PARK ASSOCIATION (NRPA) IS THE LEADING NOT-FOR-PROFIT ORGANIZATION DEDICATED TO BUILDING STRONG, VIBRANT AND RESILIENT COMMUNITIES THROUGH THE POWER OF PARKS AND RECREATION. NRPA ADVANCES THIS VISION BY INVESTING IN AND CHAMPIONING THE WORK OF 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 ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 6,105,669. including grants of \$ 2,500,309. ) (Revenue \$ )

PROGRAMS AND PARTNERSHIPS - NRPA LEVERAGES ITS RELATIONSHIPS WITH SEVERAL DIFFERENT KEY CORPORATIONS, FOUNDATIONS, THE FEDERAL GOVERNMENT, AND NONPROFIT ORGANIZATIONS TO BRING GREATER RESOURCES TO LOCAL PARK AND RECREATION AGENCIES. FOCUSING ON ADVANCING OUR STRATEGIC GOAL OF MAXIMIZING COMMUNITY HEALTH AND WELL-BEING, NRPA MANAGES COMMUNITIES OF PRACTICE AND PROVIDES TRAINING, TECHNICAL ASSISTANCE, RESOURCES, PROFESSIONAL DEVELOPMENT, AND GRANT FUNDS TO LOCAL PARK AND RECREATION AGENCIES TO INCREASE ACCESS TO QUALITY PARKS AND GREEN SPACES, IMPROVE HEALTH OUTCOMES, AND CREATE RESILIENT COMMUNITIES. IN SUPPORT OF THESE GOALS, THE ORGANIZATION PROVIDED OVER \$3.9 MILLION IN GRANT FUNDING, IMPACTING MORE THAN 2 MILLION PEOPLE THROUGH THESE PROGRAMS.

**4b** (Code: ) (Expenses \$ 3,610,930. including grants of \$ ) (Revenue \$ 7,166,710. )

ANNUAL CONFERENCE - THE NRPA ANNUAL CONFERENCE IS THE LARGEST GATHERING OF PARK AND RECREATION PROFESSIONALS IN THE UNITED STATES. EACH YEAR, THIS HIGHLY ANTICIPATED EVENT ATTRACTS 8,300+ ATTENDEES, WHICH INCLUDES 225+ EDUCATION SESSIONS. THESE SESSIONS COVER SUCH LEADERSHIP AND MANAGEMENT, PUBLIC RELATIONS, PLANNING, DESIGN AND MAINTENANCE, RECREATION PROGRAMMING, AND MORE.

**4c** (Code: ) (Expenses \$ 1,690,643. including grants of \$ ) (Revenue \$ )

MARKETING AND ENGAGEMENT - THE MARKETING AND ENGAGEMENT TEAM DRIVES THE ORGANIZATION'S OVERALL COMMUNICATION, MARKETING, AND ADVOCACY STRATEGY. OUR GOAL IS TO RECRUIT, CONNECT AND ENGAGE PARK AND RECREATION PROFESSIONALS TO ADVANCE OUR MISSION AND TO LEVERAGE OUR RESEARCH, PROGRAM AND COMMUNICATION RESOURCES TO ADVOCATE FOR DURABLE INVESTMENT IN PARK AND RECREATION SYSTEMS. THROUGH OUR ANNUAL PARK AND RECREATION MONTH CAMPAIGN, WE PROVIDE TOOLS, RESOURCES AND TEMPLATES AND DRIVE PUBLIC ENGAGEMENT IN OUR CORE MESSAGE THAT PARK AND RECREATION SYSTEMS ARE CRITICAL COMMUNITY INFRASTRUCTURE.

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ 6,022,805. including grants of \$ 1,364. ) (Revenue \$ 4,336,545. )

**4e** Total program service expenses 17,430,047.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> 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>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>	<b>4</b> X	
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> 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>	<b>6</b>	X
<b>7</b> 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>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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>	<b>11a</b> X	
<b>b</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>	<b>11b</b>	X
<b>c</b> 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>	<b>11c</b>	X
<b>d</b> 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>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> 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>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</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>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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>	<b>14b</b>	X
<b>15</b> 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>	<b>15</b>	X
<b>16</b> 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>	<b>16</b>	X
<b>17</b> 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. See instructions</i>	<b>17</b>	X
<b>18</b> 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>	<b>18</b>	X
<b>19</b> 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>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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>	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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> .....	<b>22</b>	X
<b>23</b> 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> .....	<b>23</b>	X
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> 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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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> .....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b>	X

**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 ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	118
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 105		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	25			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent		24		
<b>2</b> 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
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				X
<b>6</b> Did the organization have members or stockholders?			X	
<b>7a</b> 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>b</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
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			X	
<b>b</b> Each committee with authority to act on behalf of the governing body?			X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> 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>b</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?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed AK, AZ, FL, IL, ME, MN, MS, NH, OK, OR, RI, UT

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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  
**CANDICE CARNAGE - 703-858-0784**  
**22377 BELMONT RIDGE RD, ASHBURN, VA 20148-4501**

**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 the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) KRISTINE STRATTON PRESIDENT & CEO	38.00	X		X				370,101.	0.	33,423.
(2) CANDICE CARNAGE CHIEF FINANCIAL AND OPERATING OFFICE	38.00			X				216,648.	0.	20,373.
(3) CLARISSA GARCIA CHIEF COMMUNICATIONS & ENGAGEMENT OF	38.00			X				193,860.	0.	11,501.
(4) AUTUMN SAXTON CHIEF EDUCATION AND EQUITY OFFICER	38.00			X				169,060.	0.	25,491.
(5) KELLIE MAY CHIEF PARTNERSHIP OFFICER	38.00			X				172,064.	0.	14,108.
(6) KEVIN ROTH VP OF RESEARCH UNTIL 10/23	38.00					X		164,875.	0.	16,459.
(7) JULIE BOLAND VICE PRESIDENT OF CREDENTIALING AND	38.00					X		155,477.	0.	19,082.
(8) AMANDA HERSEY SENIOR DIRECTOR OF CONFERENCES	38.00					X		130,202.	0.	31,369.
(9) JOHN MANCUSO SENIOR DIRECTOR, IT	38.00					X		139,423.	0.	15,895.
(10) AJA JENKINS SENIOR DIRECTOR OF PEOPLE AND CULTUR	38.00					X		129,678.	0.	8,753.
(11) JESUS AGUIRRE DIRECTOR UNTIL 10/23 THEN CHAIR	4.00 1.00	X		X				0.	0.	0.
(12) CAROLYN MCKNIGHT FREDD, CPRP CHAIR UNTIL 10/23 THEN PAST CHAIR	1.00	X		X				0.	0.	0.
(13) SUSIE KURUVILLA TREASURER	2.00	X		X				0.	0.	0.
(14) JOSHUA MEDEIROS SECRETARY	1.00	X						0.	0.	0.
(15) KATHY ABBOTT DIRECTOR	1.00	X						0.	0.	0.
(16) REBECCA ARMSTRONG DIRECTOR	1.00	X						0.	0.	0.
(17) SAMUEL ASSEFA DIRECTOR AS OF 10/23	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) RICK ATKINS DIRECTOR AS OF 10/23	1.00	X						0.	0.	0.
(19) ANTHONY-PAUL "AP" DIAZ DIRECTOR AS OF 10/23	1.00	X						0.	0.	0.
(20) JOSE FELIX DIAZ DIRECTOR	1.00	X						0.	0.	0.
(21) LAKITA FRAZIER DIRECTOR	1.00	X						0.	0.	0.
(22) PHIL GINSBURG DIRECTOR	1.00	X						0.	0.	0.
(23) SEAN JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(24) SUSIE KURUVILLA DIRECTOR	1.00	X						0.	0.	0.
(25) JOANNA LOMBARD DIRECTOR	1.00	X						0.	0.	0.
(26) MOLLIE MARSH-HEINE DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								1,841,388.	0.	196,454.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,841,388.	0.	196,454.

**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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....
- 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* .....
- 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* .....

	Yes	No
3		X
4	X	
5		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 INC 4351 35TH STREET, ORLANDO, FL 32811	PROFESSIONAL FEES	658,191.
TEXAS ENTERTAINMENT SERVICES, LLC 1135 SOUTH LAMAR STREET, DALLAS, TX 75215	FOOD AND BEVERAGE AND VENUE RENTAL FEE	450,628.
RSM US LLP 5155 PAYSHERE CIRCLE, CHICAGO, IL 60674	PROFESSIONAL FEES	408,207.
DAVIDSON HOTEL COMPANY LLC 2815 JORIE BLVD, PHOENIX, AZ 85004	FOOD AND BEVERAGE AND VENUE RENTAL FEE	318,487.
PSI SERVICES, INC., 611 NORTH BRAND BOULEVARD 10TH FLOOR, GLENDALE, CA 91203	PROFESSIONAL FEES	304,080.

**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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)



**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 (check all that apply)						(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			
(27) KATHRYN OTT LOVELL DIRECTOR AS OF 10/2023	1.00	X						0.	0.	0.
(28) BEN PAGE DIRECTOR AS OF 10/2023	1.00	X						0.	0.	0.
(29) JOHN PRUE DIRECTOR	1.00	X						0.	0.	0.
(30) ARNOLD RANDALL DIRECTOR	1.00	X						0.	0.	0.
(31) BREECE ROBERTSON DIRECTOR	1.00	X						0.	0.	0.
(32) TIFFANY WHITE-LAPIERRE DIRECTOR AS OF 10/2023	1.00	X						0.	0.	0.
(33) MONICA H. VINLUAN DIRECTOR	1.00	X						0.	0.	0.
(34) PHILIP WU DIRECTOR	1.00	X						0.	0.	0.
(35) XAVIER D. URRUTIA TREASURER UNTIL 10/2023	1.00	X		X				0.	0.	0.
(36) VICTOR DOVER DIRECTOR UNTIL 10/2023	1.00	X						0.	0.	0.
(37) ANGELOU EXEILO DIRECTOR UNTIL 10/2023	1.00	X						0.	0.	0.
(38) NONET SYKES DIRECTOR UNTIL 10/2023	1.00 1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	2,198,373.				
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	2,538,462.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	3,715,339.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> CONFERENCE AND EXPOSITION REVENUE	<b>Business Code</b>	900099	7,166,710.	7,166,710.		
	<b>b</b> CERTIFICATION AND ACCREDITATION		900099	3,196,829.	3,196,829.		
	<b>c</b> EDUCATION SERVICES REVENUE		900099	999,636.	999,636.		
	<b>d</b> PUBLICATION		900099	6,445.	6,445.		
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			11,369,620.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			733,286.		
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....				517,820.			517,820.
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real (ii) Personal				
<b>b</b> Less: rental expenses ...		<b>6b</b>	62,657. 0.				
<b>c</b> Rental income or (loss) .....		<b>6c</b>	62,657.				
<b>d</b> Net rental income or (loss) .....			62,657.				
<b>7 a</b> Gross amount from sales of assets other than inventory .....		<b>7a</b>	(i) Securities (ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>	2,663,426. 1,548,817.				
<b>c</b> Gain or (loss) .....		<b>7c</b>	1,114,609.				
<b>d</b> Net gain or (loss) .....			1,114,609.				
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>					
<b>b</b> Less: direct expenses .....		<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>	288,303. 154,668.					
<b>c</b> Net income or (loss) from sales of inventory .....			133,635.	133,635.			
<b>Miscellaneous Revenue</b>	<b>11 a</b> WEBSITE BANNER ADS	<b>Business Code</b>	900099	995,587.		928,576.	67,011.
	<b>b</b> INSURANCE REIMBURSEMENT		900099	903,626.			903,626.
	<b>c</b> OTHER INCOME		900099	305,455.			305,455.
	<b>d</b> All other revenue .....		900099	148,520.			148,520.
	<b>e Total.</b> Add lines 11a-11d .....			2,353,188.			
	<b>12 Total revenue.</b> See instructions .....			24,736,989.	11503255.	928,576.	3852984.

**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

☒

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,501,673.	2,501,673.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,396,762.	838,446.	349,011.	209,305.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	6,815,995.	5,010,569.	1,597,648.	207,778.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	252,327.	239,887.	2,404.	10,036.
<b>9</b> Other employee benefits	1,126,954.	812,615.	259,327.	55,012.
<b>10</b> Payroll taxes	541,829.	389,849.	124,746.	27,234.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	134,488.	101,749.	30,434.	2,305.
<b>c</b> Accounting	418,640.		418,640.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	13,508.			13,508.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,516,351.	2,230,732.	248,601.	37,018.
<b>12</b> Advertising and promotion	33,571.	11,853.	21,392.	326.
<b>13</b> Office expenses	1,045,425.	755,331.	272,165.	17,929.
<b>14</b> Information technology	594,072.	486,926.	86,725.	20,421.
<b>15</b> Royalties				
<b>16</b> Occupancy	212,668.	174,313.	31,044.	7,311.
<b>17</b> Travel	743,530.	621,872.	103,687.	17,971.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	3,114,817.	2,970,881.	123,901.	20,035.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	151,366.	123,552.	22,633.	5,181.
<b>23</b> Insurance	93,234.	76,419.	13,610.	3,205.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a OTHER EXPENSES</b>	167,748.	59,227.	106,896.	1,625.
<b>b DUES AND SUBSCRIPTIONS</b>	40,451.	14,282.	25,777.	392.
<b>c BAD DEBT</b>	15,672.	5,533.	9,987.	152.
<b>d RECRUITMENT FEES</b>	8,948.	3,159.	5,702.	87.
<b>e</b> All other expenses	3,340.	1,179.	2,128.	33.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	21,943,369.	17,430,047.	3,856,458.	656,864.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	455,557.	<b>1</b>	711,709.
	<b>2</b> Savings and temporary cash investments .....	6,760,142.	<b>2</b>	6,061,012.
	<b>3</b> Pledges and grants receivable, net .....	1,572,895.	<b>3</b>	2,277,202.
	<b>4</b> Accounts receivable, net .....	2,139,544.	<b>4</b>	3,187,918.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	180,085.	<b>8</b>	211,616.
	<b>9</b> Prepaid expenses and deferred charges .....	702,118.	<b>9</b>	880,648.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,351,709.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,688,840.		
		1,814,235.	<b>10c</b>	1,662,869.
	<b>11</b> Investments - publicly traded securities .....	10,752,209.	<b>11</b>	11,730,399.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	195,442.	<b>15</b>	134,052.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	24,572,227.	<b>16</b>	26,857,425.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,675,305.	<b>17</b>	2,278,875.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	5,715,925.	<b>19</b>	5,230,003.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	195,442.	<b>25</b>	134,052.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	7,586,672.	<b>26</b>	7,642,930.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	10,859,705.	<b>27</b>	13,385,426.
	<b>28</b> Net assets with donor restrictions .....	6,125,850.	<b>28</b>	5,829,069.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	16,985,555.	<b>32</b>	19,214,495.
	<b>33</b> Total liabilities and net assets/fund balances .....	24,572,227.	<b>33</b>	26,857,425.

Form 990 (2023)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	24,736,989.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	21,943,369.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,793,620.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	16,985,555.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-564,680.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	19,214,495.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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 on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	<b>X</b>

Form 990 (2023)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

NATIONAL RECREATION AND PARK ASSOCIATION

Employer identification number

13-5563001

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		

Schedule A (Form 990) 2023

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9562672.	11375248.	7313476.	7134314.	8452174.	43837884.
<b>2</b> 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 .....	8988951.	3610975.	7350386.	9064405.	11657923.	40672640.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	18551623.	14986223.	14663862.	16198719.	20110097.	84510524.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	27,050.	22,100.	22,825.	24,125.	15,184.	111,284.
<b>b</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.
<b>c</b> Add lines 7a and 7b .....	27,050.	22,100.	22,825.	24,125.	15,184.	111,284.
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						84399240.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....	18551623.	14986223.	14663862.	16198719.	20110097.	84510524.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	519,803.	437,483.	604,299.	897,877.	1313763.	3773225.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	519,803.	437,483.	604,299.	897,877.	1313763.	3773225.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....					928,576.	928,576.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	156,362.	3042653.	425,408.	2439880.	1424612.	7488915.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....	19227788.	18466359.	15693569.	19536476.	23777048.	96701240.

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	87.28 %
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	90.04 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	3.90 %
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	3.24 %

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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 <b>Part VI</b> 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.			
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

**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****Payments from Disqualified Persons  
Included on Part III, Line 7a****2023****\*\* Do Not File \*\*****\*\*\* Not Open to Public Inspection \*\*\***

Payer's Name	2019 Amount	2020 Amount	2021 Amount	2022 Amount	2023 Amount
CAROLYN MCKNIGHT-FREDD	1,000.	1,500.	2,500.	1,500.	1,534.
GREG WEITZEL	1,000.	1,000.	1,000.	0.	0.
HAYDEN BROOKS	2,000.	2,000.	0.	0.	0.
HERMAN PARKER	600.	0.	0.	0.	0.
IAN PROUD	1,000.	100.	0.	0.	0.
JACK C. KARDYS	2,000.	2,000.	0.	0.	0.
JESUS AGUIRRE	0.	1,000.	1,000.	1,000.	1,000.
JOANNA LOMBARD	850.	0.	1,000.	500.	350.
JOSE FELIZ DIAZ	1,000.	1,000.	500.	1,000.	0.
JOSHUA MEDEIROS	1,000.	1,000.	1,000.	1,000.	1,000.
KAREN KRESS	2,000.	3,000.	0.	0.	0.
KATHERINE ABBOTT	0.	1,000.	1,000.	800.	50.
KEVIN COYLE	1,000.	250.	0.	0.	0.
KONG CHANG	100.	0.	0.	0.	0.
KRISTINE STRATTON	3,000.	0.	5,000.	2,500.	2,500.
MICHAEL ABBATE	1,000.	1,000.	1,000.	1,000.	0.
MICHAEL KELLY	5,000.	0.	0.	0.	0.
MONICA HOBBS VINLUN	0.	1,000.	1,000.	1,000.	1,000.
NEELAY BHATT	1,000.	0.	0.	0.	0.
NONET SYKES	1,000.	1,000.	1,000.	500.	0.
PHILIP WU	500.	250.	825.	1,425.	1,000.
RICHARD GULLEY	1,000.	2,000.	0.	0.	0.
SUSAN KURUVILLA	0.	1,000.	1,000.	1,000.	0.
VICTOR DOVER	1,000.	1,000.	1,000.	1,000.	1,000.
Total to Schedule A, Part III, Line 7a .....					

**Schedule A****Payments from Disqualified Persons  
Included on Part III, Line 7a****2023****\*\* Do Not File \*\*****\*\*\* Not Open to Public Inspection \*\*\***

Payer's Name	2019 Amount	2020 Amount	2021 Amount	2022 Amount	2023 Amount
XAVIER D. URRUTIA	0.	1,000.	1,000.	1,200.	0.
ANGELOU EZEILO	0.	0.	300.	0.	0.
LAKITA FRAZIER	0.	0.	1,000.	1,000.	0.
MOLLIE MARSH-HEINE	0.	0.	700.	3,200.	1,200.
REBECCA ARMSTRONG	0.	0.	1,000.	1,000.	1,250.
PHILIP GINSBURG	0.	0.	0.	1,000.	0.
JOHN PRUE	0.	0.	0.	700.	1,350.
ARNOLD RANDALL	0.	0.	0.	100.	0.
CHEREDITH RHONE	0.	0.	0.	1,000.	0.
BREECE ROBERTSON	0.	0.	0.	700.	1,200.
RICK ATKINS	0.	0.	0.	0.	500.
TIFFANY WHITE-LAPIERRE	0.	0.	0.	0.	250.
Total to Schedule A, Part III, Line 7a .....	27,050.	22,100.	22,825.	24,125.	15,184.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

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

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

Schedule B (Form 990) (2023)



Name of organization

Employer identification number

NATIONAL RECREATION AND PARK ASSOCIATION

13-5563001

**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
<u>1</u>		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>NATIONAL RECREATION AND PARK ASSOCIATION</b>	<b>13-5563001</b>

**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
<u>7</u>		\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>86,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>NATIONAL RECREATION AND PARK ASSOCIATION</b>	<b>13-5563001</b>

**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		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 349,999.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>NATIONAL RECREATION AND PARK ASSOCIATION</b>	<b>13-5563001</b>

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 503,121.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 220,560.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 1,678,934.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 135,848.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 29,882.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization	Employer identification number
<b>NATIONAL RECREATION AND PARK ASSOCIATION</b>	<b>13-5563001</b>

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2023

Open to Public  
Inspection

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

**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) 2023

**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)		34,852.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		152,358.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		187,210.													
<b>d</b> Other exempt purpose expenditures		21,756,158.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		21,943,368.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
<b>j</b> 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount	921,532.	1,000,000.	1,000,000.	1,000,000.	3,921,532.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,882,298.
<b>c</b> Total lobbying expenditures	127,593.	223,095.	154,223.	187,210.	692,121.
<b>d</b> Grassroots nontaxable amount	230,383.	250,000.	250,000.	250,000.	980,383.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,470,575.
<b>f</b> Grassroots lobbying expenditures	36,558.	67,307.	48,560.	34,852.	187,277.

Schedule C (Form 990) 2023



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2023.05070 NATIONAL RECREATION AND P 254193 1

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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? .....

☐ Yes ☐ No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X .....

**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 make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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 in 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	1,876,952.	1,746,242.	1,515,728.	1,324,323.	1,398,840.
b Contributions			655,154.		
c Net investment earnings, gains, and losses	232,106.	197,667.	-259,193.	211,709.	18,193.
d Grants or scholarships					
e Other expenditures for facilities and programs	126,000.	66,957.	165,447.	20,304.	92,710.
f Administrative expenses					
g End of year balance	1,983,058.	1,876,952.	1,746,242.	1,515,728.	1,324,323.

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 28.4859 %

c Term endowment 71.5140 %

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? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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		4,765,277.	3,125,988.	1,639,289.
c Leasehold improvements				
d Equipment		586,432.	562,852.	23,580.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,662,869.

Schedule D (Form 990) 2023

**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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**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	134,052.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

134,052.

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

Schedule D (Form 990) 2023

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	24,326,977.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-564,680.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	154,668.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-410,012.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	24,736,989.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	24,736,989.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	22,098,037.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	154,668.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	154,668.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	21,943,369.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	21,943,369.

**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 EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEARS ENDED JUNE 30, 2024 AND 2023, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

**Part XIII** Supplemental Information (continued)

COST OF GOODS SOLD ON LINE 10B 154,668.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD ON LINE 10B 154,668.

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

**Attach to Form 990.**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ARIZONA YOUTH PARTNERSHIP ATTN: AARON RADOSEVIC, 7575 W TWIN PEAKS RD, SUITE 165 - TUCSON, AZ 85743	86-0669087	501(C)(3)	13,897.	0.			PROGRAM SUPPORT
ASHEVILLE PARKS AND RECREATION ATTN: KIM KENNEDY, 30 GEORGE WASHINGTON CARVER - ASHEVILLE, NC 28801	56-6000224	115	23,265.	0.			PROGRAM SUPPORT
BEREA COLLEGE CPO 2214 LICOLN HALL CHESNUT STREET BEREA, KY 40404	61-0444650	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
BERWICK PARKS AND RECREATION DEPARTMENT - 11 SULLIVAN STREET - BERWICK, ME 03901	01-6000068	115	35,050.	0.			PROGRAM SUPPORT
BROWARD COUNTY ATTN: DAN WEST, DIRECTOR 950 NW 38TH STREET, - OAKLAND PARK, FL 33309	59-6000531	115	50,000.	0.			PROGRAM SUPPORT
BUFFALO NIAGARA RIVER LAND TRUST, INC. - 52 AMHERST STREET, - BUFFALO, NY 14207	46-2654753	501(C)(3)	50,000.	0.			PROGRAM SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **80.**

**3** Enter total number of other organizations listed in the line 1 table ..... **3.**

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

**Schedule I (Form 990) 2023**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BURLINGTON RECREATION & PARKS ATTN: BOBBI RUFFIN, 1333 OVERBROOK BURLINGTON, NC 27215	56-6001189	115	24,437.	0.			PROGRAM SUPPORT
CALVERT COUNTY PARKS AND RECREATION - 175 MAIN STREET, ATTN: NATE SMITH - PRINCE FREDERICK, MD 20678	52-6002810	115	22,843.	0.			PROGRAM SUPPORT
CARTER COUNTY DRUG PREVENTION COALITION - 210 S HILLS DRIVE - ELIZABETHTON, TN 37463	85-1669927	501(C)(3)	76,689.	0.			PROGRAM SUPPORT
CHICAGO PARK DISTRICT 4830 SOUTH WESTERN AVENUE, CHICAGO, IL 60609	36-6005822	115	50,000.	0.			PROGRAM SUPPORT
CITY OF AUBURN 60 COURT STREET AUBURN, ME 04210	01-6000018	115	62,626.	0.			PROGRAM SUPPORT
CITY OF AUBURN PARKS, ARTS & RECREATION (WASHINGTON) - 910 9TH ST. SE, - AUBURN, WA 98002	91-6001228	115	50,000.	0.			PROGRAM SUPPORT
CITY OF AURORA 15151 E ALAMEDA PKWY, AURORA, CO 80012	84-6000564	115	20,000.	0.			PROGRAM SUPPORT
CITY OF COLUMBUS RECREATION & PARKS DEPARTMENT - 1111 EAST BROAD STREET, SUITE 103 - COLUMBUS, OH 43205	31-6400223	115	20,000.	0.			PROGRAM SUPPORT
CITY OF CORPUS CHRISTI PO BOX 9277, CORPUS CHRISTI, TX 78469	74-6000574	115	15,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF DALLAS 542 E. JEFFERSON BLVD, DALLAS, TX 75203	75-6000508	115	10,000.	0.			PROGRAM SUPPORT
CITY OF DOUGLASVILLE, GEORGIA 6695 CHURCH STREET, DOUGLASVILLE, GA 30134	58-6000565	115	77,000.	0.			PROGRAM SUPPORT
CITY OF EL CAJON PARKS AND RECREATION DEPARTMENT - ATTN: ELLENA HOLMES, 200 CIVIC CENTER WAY - EL CAJON, CA 92020	95-6000703	115	6,122.	0.			PROGRAM SUPPORT
CITY OF FARMINGTON PARKS AND RECREATION - 800 MUNICIPAL DRIVE, - FARMINGTON, NM 87401	85-6000129	115	130,100.	0.			PROGRAM SUPPORT
CITY OF FRANKLIN 316 CENTRAL STREET FRANKLIN, NH 03235	02-6000292	115	43,716.	0.			PROGRAM SUPPORT
CITY OF GAHANNA 200 S HAMILTON RD., GAHANNA, OH 43230	31-6400492	115	20,000.	0.			PROGRAM SUPPORT
CITY OF HUNTSVILLE ATTN: PARKS AND RECREATION (DORIANNE JOHNSON), 2411 9TH STREET - HUNTSVILLE,	63-6001296	115	14,584.	0.			PROGRAM SUPPORT
CITY OF IRVINE ATTN: STEVE KNOLLMILLER, 14301 YALE IRVINE, CA 92604	95-2759391	115	17,835.	0.			PROGRAM SUPPORT
CITY OF KERMAN 850 S MADERA AVE KERMAN, CA 93630	94-6000351	115	20,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF LA VERNE 3660 D STREET, LA VERNE, CA 91750	95-6000732	115	77,000.	0.			PROGRAM SUPPORT
CITY OF LAS VEGAS ATTN: CATHY MEAGHER, 441 E BONANZA LAS VEGAS, NV 89101	88-6000198	115	11,997.	0.			PROGRAM SUPPORT
CITY OF MESA PARKS, RECREATION AND COMMUNITY FACILITIES - ATTN: OSCAR VENEGAS 708 W BASELINE RD,, BUILDING 4 - MESA, AZ 85210	86-6000252	115	19,991.	0.			PROGRAM SUPPORT
CITY OF MINNEAPOLIS 505 FOURTH AVE S, #310, MINNEAPOLIS, MN 55415	41-6005375	115	50,000.	0.			PROGRAM SUPPORT
CITY OF MONROE ATTN: STEPHANIE KASPRZAK, 1140 S. T MONROE, MI 48161	38-6004638	115	12,918.	0.			PROGRAM SUPPORT
CITY OF NEW BEDFORD 181 HILLMAN ST BLDG #3, NEW BEDFORD, MA 02740	04-6001402	115	20,000.	0.			PROGRAM SUPPORT
CITY OF NEWTON 1000 COMMONWEALTH AVE, NEWTON, MA 02459	04-6001404	115	50,000.	0.			PROGRAM SUPPORT
CITY OF NORTH LITTLE ROCK ATTN: NLR PAL, PO BOX 5757 NORTH LITTLE ROCK, AR 72119	71-6009176	115	15,840.	0.			PROGRAM SUPPORT
CITY OF PORTLAND PARKS, RECREATION AND FACILITIES - ATTN: ANGELA OCONNOR/AMBER BROOKS, 212 CANCO RD - PORTLAND, ME 04103	01-6000032	115	8,795.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF PUYALLUP 808 VALLEY AVE NW, PUYALLUP, WA 98371	91-6001274	115	20,000.	0.			PROGRAM SUPPORT
CITY OF RIALTO 214 N. PALM AVENUE, RIALTO, CA 92376	95-6000768	115	20,000.	0.			PROGRAM SUPPORT
CITY OF RICHMOND PARKS, RECREATION & COMMUNITY FACILITIES - ATTN: MELAINE RAMOS, 1209 ADMIRAL ST. - RICHMOND, VA 23220	94-6000403	115	12,036.	0.			PROGRAM SUPPORT
CITY OF SEGUIN 205 NORTH RIVER STREET, SEGUIN, TX 78155	74-6002279	115	77,000.	0.			PROGRAM SUPPORT
CITY OF SHAWNEE PARKS AND RECREATION - 16 W 9TH STREET - SHAWNEE, OK 74801	73-6005424	115	9,000.	0.			PROGRAM SUPPORT
CITY OF STOCKTON 1465 SO. LINCOLN STREET, ATTN: SUE STOCKTON, CA 95206	94-6000436	115	15,000.	0.			PROGRAM SUPPORT
CITY OF STONECREST 3120 STONECREST BLVD, SUITE 190 STONECREST, GA 30038	82-1294890	115	50,000.	0.			PROGRAM SUPPORT
CITY OF SUISUN CITY 701 CIVIC CENTER BLVD, SUISUN CITY, CA 94585	94-6000437	115	20,000.	0.			PROGRAM SUPPORT
CITY OF TAMPA 3402 W. COLUMBUS DR, TAMPA, FL 33607	59-1101138	115	23,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF WHEELING ATTN : PARKS AND RECREATION, 1500 CHAPLINE STREET - WHEELING, WV 26003	55-6000271	115	36,594.	0.			PROGRAM SUPPORT
COUNSELORS IN THE COMMUNITY ASSOCIATION CO. - ATTN: JACQUELINE STEVENSON, 9609 DAVISON ROAD - BALTIMORE, MD 21220	86-1889292	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
COUNTY OF DAVIDSON P.O. BOX 1067M, 913 GREENSBORO STRE LEXINGTON, NC 27293	56-6000294	115	50,000.	0.			PROGRAM SUPPORT
COUNTY OF ROBESON 550 NORTH CHESTNUT STREET, LUMBERTON, NC 28358	56-6000335	115	15,425.	0.			PROGRAM SUPPORT
DERBY RECREATION COMMISSION 801 E MARKET DERBY, KS 67037	48-0911018	115	15,382.	0.			PROGRAM SUPPORT
ELM FORK CHAPTER TEXAS MASTER NATURALIST - TEXAS MASTER NATURALIST - ELM FORK CHAPTER C/O TEXAS AGRILIFE EXTENSION, 611 -	72-1573664	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
FRIENDS OF MILL RIDGE PARK ATTN: DARRELL HAWKS, P.O. BOX 676 ANTIOCH, TN 37011	81-4617752	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
FSU FOUNDATION ATTN: KATIE MAY, 4750 COLLEGIATE DR PANAMA CITY, FL 32405	59-6152180	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
HOUSTON PARKS AND RECREATION DEPARTMENT - 2999 S. WAYSIDE DRIVE - HOUSTON, TX 77023	74-6001164	115	24,292.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEEP GASTONIA BEAUTIFUL INC 150 S. YORK STREET, GASTONIA, NC 28052	58-1339253	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
LEWISTON RECREATION DEPARTMENT 65 CENTRAL AVENUE, LEWISTON, ME 04240	01-6000030	115	53,979.	0.			PROGRAM SUPPORT
MACON-BIBB COUNTY ATTN: FINANCE/GRANTS, 700 POPLAR ST MACON, GA 31201	46-3992371	115	9,766.	0.			PROGRAM SUPPORT
MECHANICSBURG AREA SCHOOL DISTRICT ATTN: ACCOUNTS PAYABLE, 600 S. NORWAY STREET, 2ND FLOOR - MECHANICSBURG, PA	23-6005359	115	23,430.	0.			PROGRAM SUPPORT
MENTOR THE NATIONAL MENTORING PARTNERSHIP - 201 SOUTH STREET, SUITE 615 - BOSTON, MA 02111	52-1674088	501(C)(3)	11,360.	0.			PROGRAM SUPPORT
MISSOULA PARKS AND RECREATION ATTN: MEG WHICHER, 600 CREGG LANE MISSOULA, MT 59801	81-6001293	115	21,892.	0.			PROGRAM SUPPORT
MISSOURI CITY ATTN: ADAM TRAIN, 2701 CYPRESS POINT DRIVE, - MISSOURI CITY, TX 77459	74-6029035	115	15,000.	0.			PROGRAM SUPPORT
MISSOURI CITY GREEN PO BOX 1175, MISSOURI CITY, TX 77459	45-3309304	115	10,000.	0.			PROGRAM SUPPORT
MOUNT AIRY PARKS AND RECREATION ATTN: PETER RAYMER, 113 SOUTH RENFRO STREET - MOUNT AIRY, NC 27030	56-6001293	115	65,939.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPA PARKS AND RECREATION FOUNDATION - ATTN: KENT ANDERSEN/NPRF 1500 JEFFERSON ST., - NAPA, CA 94559	68-0138358	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
NORTHEAST OPPORTUNITIES FOR WELLNESS, INC. - ATTN: TAYLER SHEA, P.O. BOX 206 - PUTNAM, CT 06260	90-0666653	501(C)(3)	11,352.	0.			PROGRAM SUPPORT
ONEPGH FUND C/O REBECCA KIERNAN, BOARD TREASURE, PO BOX 120 - WILLIAMSBURG, PA 16693	20-4077513	501(C)(3)	130,100.	0.			PROGRAM SUPPORT
PHOENIX PARKS FOUNDATION 2700 NORTH 15TH AVENUE, PHOENIX, AZ 85007	95-3413342	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
ROANOKE CITY PARKS AND RECREATION ATTN: PATRICK BOAS, 215 CHURCH AVEN ROANOKE, VA 24011	54-6001569	115	16,557.	0.			PROGRAM SUPPORT
SAMARITAN HEALTH SERVICES PO BOX 3000 CORVALLIS, OR 97339	93-0951989	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
SAN ANTONIO RIVER AUTHORITY 100 EAST GUENTHER STREET, SAN ANTHONIO, TX 78204	74-6011311	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
SDSU EXTENSION AUDREY BOLIN/R. BUTERBAUGH SDSU CAFES SHARED SERVICE CENTER, BOX 2218B, - B	46-6000364	OTHER	10,000.	0.			PROGRAM SUPPORT
SUPERIOR RIVERS WATERSHED ASSOCIATION INC - PO BOX 875, - ASHLAND, WI 54806	04-3740575	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CLIFTON INSTITUTE INC 6712 BLANTYRE ROAD, WARRENTON, VA 20187	52-1413042	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
THE RESILIENCE AUTHORITY OF CHARLES COUNTY INC - ATTN: JENI ELLIN, BOARD TREASURER, 200 BALTIMORE STREET, - LA PLATA, MD	92-1501504	115	10,000.	0.			PROGRAM SUPPORT
THINK EQUITY P.O. BOX 219081 DEPT. 5082, KANSAS CITY, MO 64121	88-2691930	OTHER	7,500.	0.			PROGRAM SUPPORT
TOWN OF LONG LAKE 1130 DEERLAND RD, PO BOX 307, LONG LAKE, NY 12847	14-6002284	115	25,000.	0.			PROGRAM SUPPORT
TOWN OF PLAINFIELD 8 COMMUNITY AVE. PLAINFIELD, CT 06374	06-6002062	115	48,365.	0.			PROGRAM SUPPORT
TOWN OF VIVIAN 112 W. ALABAMA AVE VIVIAN, LA 71080	72-6001451	115	18,000.	0.			PROGRAM SUPPORT
TOWN OF WARREN WARREN YOUTH MENTOR PROGRAM PARKS & RECREATION DEPARTMENT, 790 MAIN STREET -	05-6000560	115	41,342.	0.			PROGRAM SUPPORT
TUALATIN HILLS PARK & RECREATION DISTRICT - ATTN: KAROL JOHNSTON, 15707 SW WALKER RD. - BEAVERTON, OR 97006	93-6011018	115	18,300.	0.			PROGRAM SUPPORT
WAUKEGAN PARKS FOUNDATION 1324 GOLF RD., WAUKEGAN, IL 60087	47-2737656	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

(a) Name and address of organization or government

(b) EIN

(c) IRC section  
if applicable

(d) Amount of cash grant

(e) Amount of noncash assistance

(f) Method of valuation (book, FMV, appraisal, other)

(g) Description of non-cash assistance	(h) Amount of non-cash assistance received
<p>1. Name of the non-cash assistance provider</p> <p>2. Description of the non-cash assistance received</p> <p>3. Date received</p> <p>4. Amount of non-cash assistance received</p>	

**(h) Purpose of grant or assistance**

WESTERN WELLNESS FOUNDATION  
ATTN: ANGIE RABBITT, PO BOX 542  
DICKINSON, ND 58602

45-0442812

501(C)(3)

13,942.

0.

PROGRAM SUPPORT

WORTHY JOURNEY COMMUNICATIONS, LLC  
7011 WOOD CT,  
WARRENTON, VA 20187

87-1300107

## OTHER

12,250.

0.

## PROGRAM SUPPORT



**Part III**

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

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

**Part IV**

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

PART I, LINE 2:

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

**SCHEDULE J  
(Form 990)**

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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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 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 checked="" 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

<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>	<b>X</b>	
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2023

**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 and/or 1099-NEC 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) KRISTINE STRATTON PRESIDENT & CEO	(i)	370,101.	0.	0.	27,017.	6,406.	403,524.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CANDICE CARNAGE CHIEF FINANCIAL AND OPERATING OFFICE	(i)	216,648.	0.	0.	13,967.	6,406.	237,021.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CLARISSA GARCIA CHIEF COMMUNICATIONS & ENGAGEMENT OF	(i)	193,860.	0.	0.	11,501.	0.	205,361.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AUTUMN SAXTON CHIEF EDUCATION AND EQUITY OFFICER	(i)	169,060.	0.	0.	12,468.	13,023.	194,551.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KELLIE MAY CHIEF PARTNERSHIP OFFICER	(i)	172,064.	0.	0.	14,108.	0.	186,172.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KEVIN ROTH VP OF RESEARCH UNTIL 10/23	(i)	164,875.	0.	0.	0.	16,459.	181,334.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JULIE BOLAND VICE PRESIDENT OF CREDENTIALING AND	(i)	155,477.	0.	0.	12,676.	6,406.	174,559.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) AMANDA HERSEY SENIOR DIRECTOR OF CONFERENCES	(i)	130,202.	0.	0.	11,608.	19,761.	161,571.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JOHN MANCUSO SENIOR DIRECTOR, IT	(i)	139,423.	0.	0.	9,489.	6,406.	155,318.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE LAST COMPENSATION STUDY WAS PERFORMED FEBRUARY 1, 2023.

PART I, LINE 7:

DURING THE FISCAL YEAR, AMANDA HERSEY, AJA JENKINS, JOHN MANCUSO AND

KRISTINE STRATTON RECEIVED NON-FIXED DISCRETIONARY BONUSES OF \$500, \$500,

\$300 AND \$600 RESPECTIVELY.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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:

FOR ALL PEOPLE.

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

AND RECREATION PROFESSIONALS AS A CATALYST FOR OVERALL HEALTH AND

WELL-BEING. NRPA'S NETWORK OF MORE THAN 60,000 PARK AND RECREATION

PROFESSIONALS AND ADVOCATES REPRESENTS PUBLIC SPACES IN URBAN

COMMUNITIES, RURAL SETTINGS AND EVERYTHING IN BETWEEN. NRPA CHAMPIONS

AND SUPPORTS THE FIELD OF PARKS AND RECREATION THROUGH PROFESSIONAL

DEVELOPMENT, ADVOCACY, GRANTS AND PROGRAMS, RESEARCH, PUBLICATIONS AND

MORE.

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

CERTIFICATION AND ACCREDITATION - NRPA HAS OVER 23,500 CERTIFIED

INDIVIDUALS IN THE AREAS OF AQUATIC FACILITIES, PLAYGROUND SAFETY,

GENERAL PARKS AND RECREATION, AND EXECUTIVE PARKS AND RECREATION. THE

NRPA BOARD OF DIRECTORS ESTABLISHED THE NATIONAL CERTIFICATION BOARD TO

ADMINISTER THE NRPA PROFESSIONAL AND OCCUPATIONAL CERTIFICATION

PROGRAMS IN ACCORDANCE WITH THE GOALS AND VALUES OF THE ASSOCIATION.

EACH PROGRAM REVIEWS BEST PRACTICES THROUGH A JOB ANALYSIS

APPROXIMATELY EVERY 5 YEARS AND EXAMINATIONS ARE UPDATED ACCORDINGLY.

NRPA ALSO HAS OVER 200 ACCREDITED PARK AND RECREATION AGENCIES

(INCLUDING MUNICIPAL THROUGH STATE AND MILITARY). THE NRPA BOARD OF

DIRECTORS ESTABLISHED THE COMMISSION FOR ACCREDITATION OF PARK AND

RECREATION AGENCIES (CAPRA) TO ADMINISTER THE ACCREDITATION PROGRAM IN

ACCORDANCE WITH THE GOALS AND VALUES OF THE ASSOCIATION. THE CAPRA

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

ACCREDITATION STANDARDS ARE REVIEWED APPROXIMATELY EVERY 5 YEARS, AND THE ACCREDITATION PROGRAM IS UPDATED ACCORDINGLY. ACCREDITATION STANDARDS INCLUDE FOCUS AREAS SUCH AS AGENCY AUTHORITY, ROLE AND RESPONSIBILITY, PLANNING, HUMAN RESOURCES, FINANCIAL MANAGEMENT AND MORE.

PUBLICATIONS AND ADVERTISING - NRPA REACHES ITS MEMBERS THROUGH A VARIETY OF PUBLICATIONS, INCLUDING ITS AWARD-WINNING MAGAZINE, PARKS & RECREATION, WHICH IS READ BY APPROXIMATELY 207,000 PEOPLE ANNUALLY. NRPA ALSO WORKS WITH ADVERTISERS TO PROMOTE THEIR PRODUCTS TO MEMBERS VIA TOOLS SUCH AS PRINT ADS IN NRPA'S MAGAZINE, DIGITAL ADS ON THE WEBSITE, AND DIGITAL ADS INCLUDED IN EMAIL MARKETING CONTENT. ADDITIONAL PUBLICATIONS INCLUDE; COMPREHENSIVE TOOLKITS, AN ANNUAL REPORT, RESEARCH AND EVALUATION REPORTS, EMAIL MARKETING COMMUNICATIONS, A DEDICATED BLOG, NRPA PODCAST, AND A SOCIAL MEDIA PRESENCE.

PROFESSIONAL DEVELOPMENT - NRPA PROVIDES PARK AND RECREATION PROFESSIONALS WITH LEARNING OPPORTUNITIES THAT SUPPORT PROFESSIONAL DEVELOPMENT AND HELP THEIR PARK AND RECREATION DEPARTMENTS TO EFFECTIVELY MEET THE ESSENTIAL NEEDS OF THE COMMUNITIES THEY SERVE. WHAT'S MORE, NRPA CONSISTENTLY KEEPS THE FIELD UP TO DATE ON CONSERVATION AND RESILIENCY EFFORTS, HEALTH AND WELLNESS INITIATIVES, AS WELL AS ACHIEVEMENTS IN ADVANCING ACCESS TO PARKS AND RECREATION CENTERS FOR ALL.

MEMBERSHIP DUES - NRPA HAS 60,000 MEMBERS, INCLUDING PARK AND RECREATION PROFESSIONALS AND ADVOCATES. NRPA ALSO OFFERS

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EXCLUSIVE MEMBER NETWORKS TO SUPPORT THEIR PROFESSIONAL NEEDS. THESE NETWORKS DELIVER ENHANCED OPPORTUNITIES FOR COLLABORATIVE EXCHANGES BETWEEN MEMBERS AND THE CHANCE TO PARTICIPATE IN MULTIPLE GROUPS ON A NATIONAL LEVEL, INCLUDING APPROXIMATELY 50 NETWORK MEETINGS A YEAR. THEY ALSO PROVIDE OPPORTUNITIES FOR MEMBERS TO ENGAGE IN LEADERSHIP ROLES AND GIVE BACK TO THE FIELD OF PARKS AND RECREATION. ANOTHER PROFESSIONAL ENGAGEMENT OPPORTUNITY IS THROUGH NRPA CONNECT, AN ONLINE PROFESSIONAL NETWORKING TOOL THAT ALLOWS PARK AND RECREATION PROFESSIONALS TO CONNECT ACROSS THE COUNTRY. MEMBERS RECEIVE INFORMATION, ASK INDUSTRY QUESTIONS, AND GET INSIGHT INTO TRENDS IN THE FIELD FROM THEIR PEERS AND SUBJECT MATTER EXPERTS. NRPA CONNECT HOLDS OVER 4,000 MEMBER-SHARED RESOURCES.

PUBLIC POLICY - NATIONAL RECREATION AND PARK ASSOCIATION HAS BEEN A RESOURCE FOR PARK AND RECREATION PROFESSIONALS TO SUPPORT BELONGING, WELL-BEING AND JOY IN THEIR OWN COMMUNITIES. WE KNOW WHEN PARK AND RECREATION AGENCIES ARE WELL-FUNDED AND ABLE TO PROVIDE HIGH-QUALITY SERVICES, EVERYONE BENEFITS. THROUGH OUR PUBLIC POLICY WORK, WE SEEK TO DRIVE DURABLE INVESTMENT IN PARKS AND RECREATION AS CRITICAL COMMUNITY INFRASTRUCTURE.

RESEARCH AND LEARNING - NRPA IS AN ULTIMATE RESOURCE FOR BEST PRACTICES, CASE STUDIES, AND COMPREHENSIVE DATA THAT ARE NATIONAL STANDARDS FOR PARK AND RECREATION PROFESSIONALS AND THE WIDER COMMUNITIES THEY SUPPORT. OUR SERVICE AND PUBLICATION OFFERINGS INCLUDE EVALUATIONS OF DIRECT SERVICES AND PROGRAMS (INCLUDING BOTH CAPITAL AND OPERATIONAL INVESTMENTS BY PARK AND RECREATION AGENCIES), NATIONALLY REPRESENTATIVE SURVEYS OF PARK AGENCIES AND THE GENERAL PUBLIC WHO

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ENGAGES WITH PARKS AND RECREATION, WHITE PAPER REPORTS ON SPECIAL TOPICS (E.G., THE ECONOMIC IMPACT OF PARKS) OFTEN DONE IN PARTNERSHIP WITH LEADING SCHOLARS AND SUBJECT MATTER EXPERTS, PEER-REVIEWED ACADEMIC JOURNALS ON PARK AND RECREATION TOPICS MANAGED IN PARTNERSHIP WITH ROUTLEDGE TAYLOR FRANCIS GROUP, AND TRAINING AND TECHNICAL ASSISTANCE ON INDUSTRY-LEADING DATA, RESEARCH, AND EVALUATION PRACTICES. FOR EXAMPLE, NRPA PARK METRICS IS THE MOST COMPREHENSIVE SOURCE OF BENCHMARKS AND INSIGHTS FOR PARK AND RECREATION AGENCIES NATIONALLY SINCE ITS LAUNCH IN 2009, ALLOWING AGENCIES TO BUILD CUSTOM REPORTS AND COMPARE THEIR AGENCIES' CHARACTERISTICS TO OTHERS (E.G., NUMBERS OF RESIDENTS, ACREAGE OF PARKLAND, PROGRAMMATIC OFFERINGS, STAFF SIZE, REVENUE, AND MUCH MORE).

EXPENSES \$ 6,022,805. INCLUDING GRANTS OF \$ 1,364. REVENUE \$ 4,336,545.

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

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

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

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

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

BOARD MEMBERS ARE ASKED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY. THE CONFLICT OF INTEREST POLICY COVERS ALL DIRECTORS AND OFFICERS OF NRPA. THE NRPA BOARD OF DIRECTORS DELEGATES THE AUTHORITY TO THE NRPA



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FINANCE COMMITTEE TO MAKE DETERMINATIONS UNDER THIS POLICY AND TO ADMINISTER SANCTIONS INCLUDING WARNING, REPRIMAND, CENSURE, AND EXPULSION. THE FINANCE COMMITTEE SHALL ADVISE THE BOARD OF DIRECTORS OF ANY ACTIONS TAKEN. IN THE EVENT A MEMBER OF THE FINANCE COMMITTEE IS CHARGED WITH A VIOLATION OF THIS POLICY, THAT MEMBER SHALL RECUSE HIM OR HERSELF FROM ANY FINANCE COMMITTEE DELIBERATIONS ON THE MATTER.

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

COMPENSATION FOR ALL NRPA STAFF PERSONS, WITH THE EXCEPTION OF THE CHIEF EXECUTIVE OFFICER, IS DETERMINED USING THE PROCESS OUTLINED IN THE COMPENSATION POLICY, WHICH INCLUDES OUTSIDE COMPARATIVE DATA, INTERNAL EQUITY ANALYSIS, AND RECOMMENDATIONS FROM HUMAN RESOURCES AND IS AT THE SOLE DISCRETION OF THE CEO AS DICTATED IN THE NRPA BYLAWS AS "CHIEF OF STAFF." THE CHIEF EXECUTIVE OFFICER'S COMPENSATION AS PER NRPA BYLAWS IS AT THE DISCRETION OF THE CHAIR OF THE BOARD OF DIRECTORS (A NON-STAFF ELECTED POSITION TO WHOM THE CEO REPORTS AND HAS NO CONFLICT OF INTEREST) AND INCLUDES THE FOLLOWING PROCEDURES IN DETERMINING THE INITIAL COMPENSATION.

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

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

3. CONTEMPORANEOUS DOCUMENTATION AND RECORD-KEEPING WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION MAINTAINED BY THE SEARCH COMMITTEE DURING THE PROCESS AND BY NRPA HUMAN RESOURCES AFTER THE

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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 FOR DOING THE ANNUAL PERFORMANCE REVIEW OF THE CEO. THE CHAIR GETS INPUT AND FEEDBACK FROM THE ENTIRE BOARD AND THEN REVIEWS THE INFORMATION AND RECOMMENDATIONS WITH THE EXECUTIVE COMMITTEE. THE REVIEW AND COMPENSATION IS PRESENTED TO THE FULL BOARD. NRPA DID USE AN INDEPENDENT OUTSIDE COMPENSATION CONSULTANT THAT LOOKED AT SIMILAR-SIZED ORGANIZATIONS, TYPE, LOCATION, ETC. THE SALARY WAS BASED ON THE COMPARABLE DATA. ONGOING COMPENSATION ADJUSTMENTS FOR A SITTING CHIEF EXECUTIVE OFFICER ARE SUBJECT TO PARAMETERS SET IN THE CEO'S INITIAL EMPLOYMENT CONTRACT (TYPICALLY A 3-YEAR CONTRACT), AND AS PER NRPA BYLAWS IS ALSO AT THE DISCRETION OF THE CHAIR OF THE BOARD OF DIRECTORS (A NON-STAFF ELECTED POSITION TO WHOM THE CEO REPORTS AND HAS NO CONFLICT OF INTEREST) AND INCLUDES THE FOLLOWING PROCEDURES IN DETERMINING ANY ANNUAL COMPENSATION ADJUSTMENT:

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

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

3. DOCUMENTATION AND RECORD-KEEPING WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION MAINTAINED BY NRPA HUMAN RESOURCES AFTER THE PROCESS AND DETERMINATION IS COMPLETED, IN COMPLIANCE WITH

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RECORD RETENTION REGULATIONS REGARDING PAYROLL RECORDS. NRPA'S COMPENSATION POLICY WAS PUBLISHED ON FEBRUARY 1, 2001, AND UPDATED JULY 1, 2016. ALL NON-CEO STAFF HAVE BEEN HIRED USING THE PROCESS ESTABLISHED IN THE COMPENSATION POLICY.

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

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

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

THE ASSOCIATION BELIEVES ITS ORGANIZING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY, ARE PROPRIETARY IN NATURE AND THEREFORE THESE DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D). THE FEDERAL FORMS 990 AND 1023 ARE MADE AVAILABLE UPON REQUEST. THE ASSOCIATION ALSO PROVIDES SUMMARIZED FINANCIAL STATEMENTS IN ITS ANNUAL REPORT WHICH CAN BE DOWNLOADED FROM ITS WEBSITE.

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

GRANT CONSULTING FEES:

PROGRAM SERVICE EXPENSES	57,923.
MANAGEMENT AND GENERAL EXPENSES	17,326.
FUNDRAISING EXPENSES	1,312.
TOTAL EXPENSES	76,561.

PAYROLL PROCESSING FEES:

PROGRAM SERVICE EXPENSES	51,869.
MANAGEMENT AND GENERAL EXPENSES	15,515.
FUNDRAISING EXPENSES	1,175.
TOTAL EXPENSES	68,559.

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## OTHER CONSULTING FEES:

PROGRAM SERVICE EXPENSES	2,120,940.
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MANAGEMENT AND GENERAL EXPENSES	215,760.
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FUNDRAISING EXPENSES	34,531.
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TOTAL EXPENSES	2,371,231.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,516,351.
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

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

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

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

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

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

Schedule R (Form 990) 2023

**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
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	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)			

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]



Provide additional information for responses to questions on Schedule R. See instructions.