Return of Organization Exempt From Income Tax Constant Date and the total information. Destination St(lo, SZ, or 447(al() of the Internal Revenue Code (except private fournation. Constant State and year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019 Destination St(lo, SZ, or 447(al() of the Internal Revenue Code (except private fournation. Destination St(lo, SZ, or 447(al() of the Internal Revenue Code (except private fournation. Destination St(lo, SZ, or 447(al() of the Internal Revenue Code (except private fournation. Destination St(lo, SZ, or 447(al() of the Internal Revenue Code (except private fournation. Destination St(lo, SZ, or 447(al() of the Internal Revenue Code (except private fournation. Destination St(lo, SZ, or 447(al() of the Internal Revenue Code (except private fournation. Destination St(lo, SZ, or 447(al() of the Internal Revenue Code (except private fournation. Distribution St(lo, SZ, or 447(al() of the Internal Revenue Code (except private fournation. Distribution St(lo, SZ, or 447(al() of the Internal Revenue Code (except private fournation. Distribution St(lo, SZ, or 447(al() of the Internal Revenue Code (except private fournation. Distribution St(lo, SZ, or 447(al() of the Internal Revenue Code (except private fournation. Distribution St(lo, SZ, or 447(al(EXTENDED TO MAY 15, 2			
Department her meany internal fleware Service Description preferences on the form as it may be made public. Department of magnetic field of the service of the service of the service mean tion. Department of magnetic field of the service of the service of the service mean tion. Department of the service of the service of the service of the service mean tion. Department of the service of the		Ω	00				OMB No. 1545-0047
Image stress	Form JJU				•		s) 2018
A For the 2016 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019 B constrain Charles of a constraintion THE FLORIDA RECREATION AND PARK D Employer identification number Association THE FLORIDA RECREATION AND PARK D Employer identification number Association THE FLORIDA RECREATION AND PARK E Telephore number Association This FLORIDA RECREATION AND PARK E Telephore number Association This FLORIDA RECREATION AND PARK E Telephore number Association This FLORIDA RECREATION AND PARK E Telephore number Association This FLORIDA RECREATION AND PARK E Telephore number Association This FLORIDA RECREATION AND PARK E Telephore number Association This FLICARISTIC Construction This FLICARISTIC Construction E Telephore number Association This FLICARISTIC Construction Telephore number E Social Construction This FLICARISTIC Construction J Webster: WEB > FRPA. ORG I this florid escribe the organization second poor this second telephore I this florid escribe the organization second poor this second telephore J Webster: WEB > FRPA. ORG I this florid escribe the organization second poor telephore				-	-	-	
B created Charme of organization D Emptoyer identification number Provide interval ASSOCIATION, INC. 23–7413123 Demogramment Dirig business as Born/subic E Telephone number Provide interval 100 rg business as Room/subic E Telephone number Provide interval 100 rg business as Room/subic E Telephone number Provide interval F Name and address of principal officer: ELEANOR WARMACK Room/subic E Greas weeks 5 1,063,437. Memory F Name and address of principal officer: ELEANOR WARMACK Web No. No. Web No.	_		Inspection				
average THE FLORIDA RECREATION AND PARK BSOCIATION, INC. Doing business as Number and street (or P.0. box if mail is not delivered to street address) Romtvaite E Telephore number 11 OFFICE PLAZA DRIVE E Telephore number 850-078-3221 City or town, state or province, country, and ZP or foreign postal code G execcreates 1, 1,063, 437. TALLAHASSER, FL 3201-2756 Held Is this a group rotum for subcontaste? Method FName and address of principal officiar. ELEANOR WARMACK J Webstate WIEB. PEPA. ORG (instat no.) 4947(a)(1) or 2027 I Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Held (G rocup examption number) I Driefly describe the organization discontinued its operation or disposed of more than 25% of its net assets. 3 Number of volting members of the governing body (Part V, line 12) 3 7 To a instructions and grants (Part VIII, column (A), line 12, as 7, 739. 7 5 To a instructions and grants (Part VIII, column (A), lines 3, 4, and 7d) 1 16 8/d 4400. 228, 958. To a intruber of individuals employed in calendary year 2018 (Part V, line 12) 1 3 7 To a intruber of individuals employed	_				ں ending	,	
ASSOCIATION, INC. 23-7413123 Doing business as Number and steet (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number All OFFICE PLAZA DRIVE Coveresteist 1, 063, 437. Marcher Number and steet (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number All OFFICE PLAZA DRIVE Coveresteist 1, 063, 437. High Is this agroup return for subordinates inclust? Marcher Number and steet (or P.0. box if mail is not delivered to street address) High Is this agroup return for subordinates inclust? Yes IN No Marcher SAME AS C ABOVE High Is this agroup return for subordinates inclust? Yes IN No I Tax-exempt status: S01(c)(3) X 501(c) (le.	•		D Employer identific	ation number
Image: State of the set		Addre					
Image: Second Secon		Name		-			112122
Image: Section 2016 Section 2017 Secti		- Initial			Doom/ouito		±13123
City or town, state or province, country, and ZP or foreign postal code G @ccsresepts 1, 063, 437. TALLAHASSEE, FL 32301-2756 TALLAHASSEE, FL 32301-2756 Might of the status: Signed address of principal officer: ELEANOR WARMACK SAME AS C ABOVE H(a) As at status: I race-xempt status: Signed address of principal officer: ELEANOR WARMACK J Website: WEB, FRPA.ORG K Form of organization: X (a) (a) (a) (a) (a) (a) (a) (b) (a) (a) (a) (a) (a) (a) (a) (a) (a) (a		Final	/111		Room/suite		878-3221
TALLAHASSEE, FL 32301-2756 H(a) Is this a group return Prome and address of principal officer. ELEANOR WARMACK Form of and address of principal officer. ELEANOR WARMACK SAME AS C ABOVE I max exempt status: 01(c)(3) 01(c) (termi	n_				
Image: Normal set of the set of principal office: ELEANOR WARMACK for subordinates? for subordinates? </td <td></td> <td>□Amer</td> <td>nded mart</td> <td></td> <td></td> <td></td> <td></td>		□Amer	nded mart				
SAME AS C ABOVE H(b) we all abordmate included? [] Yes No 1 Tax-exempt status: 501(c)(3) X 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527 1 Website: WB: FRPA. ORG H(c) Group exemption number ▶ Versite: WB: FRPA. ORG H(c) Group exemption number ▶ Part II Summary I Eriefly describe the organization is mission or most significant activities: SEE SCHEDULE O 1 Briefly describe the organization is mission or most significant activities: SEE SCHEDULE O 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 4 4 7 5 Total number of individuals employed in calendary year 2018 (Part VI, line 2a) 6 5 Total number of notidividuals employed in calendary year 2018 (Part VI, line 2a) 6 6 Total number of volitiduals employed in calendary year 2018 (Part VI, line 2a) 6 9 Program service revenue (Part VIII, column (C), line 12 7a 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5, 512. 11 Other evenue (Part VIII, column (A), lines 4, de, 6, c, clo, and 11e) 0.		Appli					
I Tax-exempt status: 501(c)(3) X 501(c)(6) (Insett no.) 4947(a)(1) or EX If "No," attach a list. (see instructions) J Webste: WEB.FRPA.ORG H(e) Group exemption number Form of organization: X coporation Trust Association Other Year of formation: 1942 Matte of legal domicile: FL Part II Summary I Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 4 7 4 7 4 7 7							····· <u> </u>
U Messite: ▶ WEB. FRPA.ORG H(G) Group exemption number ▶ K form of organization: X corporation Trust Association Other ▶ L year of tormation: 1942 M State of legal domicile; FL Part I Summary I briefly describe the organization's mission or most significant activities: SEE SCHEDULE O 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 7 3 Number of voting members of the governing body (Part V, line 1a) 3 7 4 Number of voting members of the governing body (Part V, line 2a) 5 3 6 Total number of voting members of the governing body (Part V, line 2a) 5 3 6 Total number of votinteers (setimate if necessary) 6 6 5 7 Total number of votinteers (setimate if necessary) 7 7 7 7 9 Program service revenue (Part VIII, column (A), line 3.4, and 7d) 7 7 7 7 10 Investment income (Part VIII, column (A), lines 3.4, and 7d) 17, 7.916. 12, 042. 12, 042. 12 Total revenue. Part VII. column (A), lines 4.3 0. 0. 0.	1	Tax-ex			or 527		
Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O 2 Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of volting members of the governing body (Part VI, line 1a) 3 4 Number of volting members of the governing body (Part VI, line 1a) 4 5 Total number of individuals employed in calendar year 2018 (Part VI, line 2a) 6 6 Total number of voltinteers (estimate if necessary) 6 7 Total number of voltinteers (estimate if necessary) 7 8 Contributions and grants (Part VIII, column (D), line 12 7a 7.7.739. 9 Program service revenue (Part VIII, line 1p) 224.480.228.958.3 660.708.808.835. 9 Program service revenue (Part VIII, column (A), lines 3.4, and 70) 5.512.6.5751.2.6.5751. 6.5751.2.06.7575.1.2.042.1.2042.1 10 Other revenue (Part VIII, column (A), lines 1.3) 0.0.0.0.1.1.056.410.0.0.0.1.2.042.1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.							
I Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O I Briefly describe 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) 4 9 5 Total number of independent voting members of the governing body (Part VI, line 1a) 1 6 1 1 7 4 7 4 7 5 Total number of individuals employed in calendar year 2018 (Part VI, line 2a) 5 6 1 1 7 4 9 7 7 7 3 6 5000 7 4 7 4 7 6 7 7 7 7 7 7 7 7 7 7 6 7 7 7 7 7 7 7	Κ	orm o	f organization:	X Corporation Trust Association Other ►	L Year		
2 Check this box ▶ 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 7 4 Number of independent voting members of the governing body (Part VI, line 1a) 3 7 5 Total number of individuals employed in calendar year 2018 (Part VI, line 2a) 6 5000 6 Total number of volunteers (estimate if necessary) 6 5000 7a Total number of volunteers (estimate if necessary) 6 6 5000 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b -13,353. 9 Program service revenue (Part VIII, line 2g) 6600,708. 808,835. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,512. 6,575. 11 Other revenue (Part VIII, column (A), lines 1.3) 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0. 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), line 1.5) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. <td>Pá</td> <td>art I</td> <td>-</td> <td></td> <td></td> <td></td> <td></td>	Pá	art I	-				
structure i	đ	1	Briefly describ	e the organization's mission or most significant activities: SEE S	SCHEDU	ILE O	
structure i	ů Ľ						
structure i	srna	2	Check this bo	x 🕨 📃 if the organization discontinued its operations or dispose	ed of more	than 25% of its net asse	ets.
structure i	0 Vē	3					7
b Net unrelated business taxable income from Form 990-T, line 38 Th -13,353. Prior Year Current Year 224,480. 228,958. 9 Program service revenue (Part VIII, line 1h) 224,480. 228,958. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 5,512. 6,575. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 17,916. 12,042. 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 4) 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 4) 0. 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10) 248,125. 311,941. 0. 0. 0. 16 Profer expenses (Part IX, column (A), line 25) 0. <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>							
b Net unrelated business taxable income from Form 990-T, line 38 Th -13,353. Prior Year Current Year 224,480. 228,958. 9 Program service revenue (Part VIII, line 1h) 224,480. 228,958. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 5,512. 6,575. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 17,916. 12,042. 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 4) 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 4) 0. 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10) 248,125. 311,941. 0. 0. 0. 16 Profer expenses (Part IX, column (A), line 25) 0. <td< td=""><td>es</td><td>5</td><td></td><td></td><td></td><td></td><td></td></td<>	es	5					
b Net unrelated business taxable income from Form 990-T, line 38 Th -13,353. Prior Year Current Year 224,480. 228,958. 9 Program service revenue (Part VIII, line 1h) 224,480. 228,958. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 5,512. 6,575. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 17,916. 12,042. 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 4) 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 4) 0. 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10) 248,125. 311,941. 0. 0. 0. 16 Profer expenses (Part IX, column (A), line 25) 0. <td< td=""><td>iviti</td><td>6</td><td></td><td></td><td></td><td></td><td></td></td<>	iviti	6					
B Contributions and grants (Part VIII, line 1h) Prior Year Current Year 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 5, 512. 6, 575. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5, 512. 6, 575. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 17, 916. 12, 042. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 0. 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10) 248, 125. 311, 941. 0. 0. 0. 16 Protersesional fundraising fees (Part IX, column (D), line 25) 0.	Act	7 a					
8 Contributions and grants (Part VIII, line 1h) 224,480. 228,958. 9 Program service revenue (Part VIII, line 2g) 660,708. 808,835. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,512. 6,575. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 17,916. 12,042. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 908,616. 1,056,410. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 14) 0. 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 248,125. 311,941. 0.		b	Net unrelated	business taxable income from Form 990-T, line 38	<u></u>		
9 Program service revenue (Part VIII, line 2g) 660,708.808,835. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,512.6,575. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 17,916.12,042. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 908,616.1,056,410. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0.0.0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0.0.0.0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 248,1225.311,941. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.0.0.0. 17 Other expenses (Part IX, column (A), line 11e) 0.0.0.0. 18 Total fundraising expenses. Subtract line 18 from line 12 -32,482.2.8,875. 19 Revenue less expenses. Subtract line 18 from line 12 -32,482.961,634. 20 Total assets (Part X, line 16) 413,157.4941,966. 21 Total assets (Part X, line 26) 413,157.494,966. 22 Net assets or fund balances. Subtract line 21 from line 20 434,197.466,668. 22 Net assets or fund balances. Subtract line 2			Oantributiona				
11 Other revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 117, 916 12, 042. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 908, 616 1, 056, 410. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 248, 125. 311, 941. 16a Professional fundraising expenses (Part IX, column (D), line 25) 0. 0. 0. 17 Other expenses (Part IX, column (A), line 11e) 0. 0. 0. 0. 18 Total fundraising expenses (Part IX, column (D), line 25) 0.	ne	8					-
11 Other revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 117, 916 12, 042. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 908, 616 1, 056, 410. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 248, 125. 311, 941. 16a Professional fundraising expenses (Part IX, column (D), line 25) 0. 0. 0. 17 Other expenses (Part IX, column (A), line 11e) 0. 0. 0. 0. 18 Total fundraising expenses (Part IX, column (D), line 25) 0.	ven	10	•				
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 908,616. 1,056,410. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 248,125. 311,941. 16a Professional fundraising expenses (Part IX, column (D), line 25) 0. 0. 0. 17 Other expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 941,098. 1,027,535. 19 Revenue less expenses. Subtract line 18 from line 12 -32,482. 28,875. 20 Total assets (Part X, line 26) 413,157. 494,966. 21 Total liabilities (Part X, line 26) 413,157. 494,966. 22 Net assets or fund balances. Subtract line 21 from line 20 434,197. 466,668. Part II Signature Block 11 Signature of officer Date Intervence officer Signature of officer	Re	11					
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 248,125. 311,941. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 692,973. 715,594. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0. -32,482. 28,875. 19 Revenue less expenses. Subtract line 18 from line 12 -32,482. 28,875. 847,354. 961,634. 21 Total labilities (Part X, line 26) 434,197. 466,668. 413,157. 494,966. 22 Net assets or fund balances. Subtract line 21 from line 20 434,197. 466,668. 968. Part II Signature Block Signature of officer Date Signature of officer Date Date							
14 Benefits paid to or for members (Part IX, column (A), line 4) 0.00.0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 248,125.311,941. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00.0. b Total fundraising expenses (Part IX, column (D), line 25) 0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0							
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 248,125.311,941. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.0.0. b Total fundraising expenses (Part IX, column (D), line 25) 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 692,973.715,594. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 941,098.1,027,535. 19 Revenue less expenses. Subtract line 18 from line 12 -32,482.28,875. 20 Total assets (Part X, line 16) 847,354.961,634. 21 Total liabilities (Part X, line 26) 413,157.494,966. 22 Net assets or fund balances. Subtract line 21 from line 20 434,197.466,668. 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. Signature of officer Date						-	
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 692,973. 715,594. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 941,098. 1,027,535. 19 Revenue less expenses. Subtract line 18 from line 12 -32,482. 28,875. 20 Total assets (Part X, line 16) 847,354. 961,634. 21 Total liabilities (Part X, line 26) 413,157. 494,966. 22 Net assets or fund balances. Subtract line 21 from line 20 434,197. 466,668. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Date	6	40					
17 Other expenses (if art ix, column (4), intest rarind, rin24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 941,098. 1,027,535. 19 Revenue less expenses. Subtract line 18 from line 12 -32,482. 28,875. 19 Revenue less expenses. Subtract line 18 from line 12 -32,482. 28,875. 10 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 847,354. 961,634. 21 Total liabilities (Part X, line 26) 413,157. 494,966. 22 Net assets or fund balances. Subtract line 21 from line 20 434,197. 466,668. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here ELEANOR WARMACK, EXECUTIVE DIRECTOR Date	Ise	16a					
17 Other expenses (if art ix, column (4), intest rarind, rin24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 941,098. 1,027,535. 19 Revenue less expenses. Subtract line 18 from line 12 -32,482. 28,875. 19 Revenue less expenses. Subtract line 18 from line 12 -32,482. 28,875. 10 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 847,354. 961,634. 21 Total liabilities (Part X, line 26) 413,157. 494,966. 22 Net assets or fund balances. Subtract line 21 from line 20 434,197. 466,668. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here ELEANOR WARMACK, EXECUTIVE DIRECTOR Date	per	. ь			0.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 941,098. 1,027,535. 19 Revenue less expenses. Subtract line 18 from line 12 -32,482. 28,875. 19 Revenue less expenses. Subtract line 18 from line 12 -32,482. 28,875. 20 Total assets (Part X, line 16) 847,354. 961,634. 21 Total liabilities (Part X, line 26) 413,157. 494,966. 22 Net assets or fund balances. Subtract line 21 from line 20 434,197. 466,668. Part II Signature Block Signature Block 5 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Bate	ш	17				692,973.	715,594.
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 847,354. 961,634. 21 Total liabilities (Part X, line 26) 413,157. 494,966. 22 Net assets or fund balances. Subtract line 21 from line 20 434,197. 466,668. Part II Signature Block Signature Block 5 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. 5 Signature of officer Date Here ELEANOR WARMACK, EXECUTIVE DIRECTOR		18	Total expense			941,098.	1,027,535.
Image: Signature Block 434,197. 466,668. Part II Signature Block 434,197. 466,668. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here ELEANOR WARMACK, EXECUTIVE DIRECTOR			Revenue less	expenses. Subtract line 18 from line 12		-32,482.	28,875.
Image: Signature Block 434,197. 466,668. Part II Signature Block 434,197. 466,668. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here ELEANOR WARMACK, EXECUTIVE DIRECTOR	OL OL				Be		
Image: Signature Block 434,197. 466,668. Part II Signature Block 434,197. 466,668. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here ELEANOR WARMACK, EXECUTIVE DIRECTOR	sets	20	Total assets (F	Part X, line 16)			
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Bate Date ELEANOR WARMACK, EXECUTIVE DIRECTOR	it As	21	Total liabilities	(Part X, line 26)			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here ELEANOR WARMACK, EXECUTIVE DIRECTOR						434,197.	466,668.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here ELEANOR WARMACK, EXECUTIVE DIRECTOR			-				
Sign Here ELEANOR WARMACK, EXECUTIVE DIRECTOR							knowledge and belief, it is
Here ELEANOR WARMACK, EXECUTIVE DIRECTOR	true	, corre	ci, and complete	Declaration of preparer (other than officer) is based on all information of whi	icn preparer	nas any knowledge.	
Here ELEANOR WARMACK, EXECUTIVE DIRECTOR	<u>.</u>		Signatur	e of officer		I Date	
			1'			Duto	
	nel	e					

	Print/Type preparer's name	Preparer's signature	Date Check DTIN					
Paid	KEVIN WARREN	KEVIN WARREN	12/12/19 self-employed P00642409					
Preparer	Firm's name JAMES MOORE & CO	., P.L.	Firm's EIN 59-3204548					
Use Only	Firm's address 2477 TIM GAMBLE	PLACE, SUITE 200						
	TALLAHASSEE, FL	32308-4386	Phone no. 850 - 386 - 6184					
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)							

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

	THE FLORIDA RECREATION AND PARK
	1990 (2018) ASSOCIATION, INC. 23-7413123 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	EDUCATING THE PUBLIC ABOUT THE IMPORTANCE OF RECREATION AND LEISURE TO
	PHYSICAL, MENTAL, AND SOCIAL WELL-BEING.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
-	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$) ANNUAL CONFERENCE PROVIDING EDUCATION AND TRAINING FOR 900 PARKS AND
	RECREATION PROFESSIONALS. OVER 90 EDUCATIONAL SESSIONS, AND OVER 130
	EXHIBIT BOOTHS REPRESENTING SERVICE PROVIDERS TO THE PROFESSION.
	NATIONAL PLAYGROUND SAFETY INSPECTORS COURSE ADMINISTERED ON BEHALF OF
	THE NATIONAL RECREATION AND PARK ASSOCIATION TO OVER 700 INDIVIDUALS.
	NATIONAL CERTIFICATION IS ISSUED TO PARTICIPANTS WHO SUCCESSFULLY PASS
	THE NATIONAL EXAMINATION. ADVOCACY AND LEGISLATIVE REPRESENTATION AT
	THE NATIONAL EXAMINATION: ADVOCACT AND ENGISTRATIVE REPRESENTATION AT THE STATE CAPITOL TO MONITOR STATE LEGISLATION AND REGULATIONS. THE
	ASSOCIATION PROVIDES WEBINARS AND OTHER TRAINING COURSES, PUBLICATIONS
	WITH ARTICLES PROMOTING PARKS AND RECREATION, NEWSLETTERS DELIVERD
	ELECTRONICALLY TO INFORM MEMBERS OF ACTIVITY WITHIN THE PARKS AND
	RECREATION INDUSTRY.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 🕨

 THE FLORIDA RECREATION AND PARK

 Form 990 (2018)
 ASSOCIATION, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	44-1		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Δ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4	Х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	<u></u>	
IZa		120	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	<u></u>	
D		12b		v
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
13		14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	148		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2018)

 THE FLORIDA RECREATION AND PARK

 Form 990 (2018)
 ASSOCIATION, INC.

 Part IV
 Checklist of Required Schedules (continued)

23-	7413123	Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			1
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		├──
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
07	If "Yes," complete Schedule R, Part V, line 2	36		├──
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	1
Pa	Note. All Form 990 filers are required to complete Schedule O ttv Statements Regarding Other IRS Filings and Tax Compliance	30	11	L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 15		103	
b				
c				
J	(gambling) winnings to prize winners?	1c	Х	

THE	FLORIDA	RECREATION	AND	PARK
-----	---------	------------	-----	------

Form	990 (2018) ASSOCIATION, INC.		23-7413	123	Р	age 5
Par						
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C)		3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	ccoun	t)?	4a		Х
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 Ac	count	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?					
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?					Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?					
7	Organizations that may receive deductible contributions under section 170(c).					
а	a 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	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s requ	ired			
	to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?					
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	401				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		44-		X
14a				14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			45		x
	excess parachute payment(s) during the year?			15		Λ
16	If "Yes," see instructions and file Form 4720, Schedule N.	incor	202	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	ncon	ie?	16		- 23

Form **990** (2018)

Form	ASSOCIATION, INC.		23-74131	23	Pa	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2	through 7b b	elow, and for a "I	Vo" re:		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
			_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	. 1a	7			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	. 1b	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	nip with any o	other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under	he direct sup	pervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was file	d?	4		Х

Did the organization become aware during the year of a significant diversion of the organization's assets?

Did the organization have members or stockholders?

7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	X Own website Another's website X Upon request Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records 🕨

THE ORGANIZATION - 850-878-3221

411 OFFICE PLAZA DRIVE, TALLAHASSEE, FL 32301-	275	56	5
--	-----	----	---

5

6

Х

5

6

Х

Form 990 (2018)	ASSOCIATION, INC.	23-7413123	Page 7
Part VII Compens	ation of Officers, Directors, Trustees, Key Employe	es, Highest Compensated	
Employee	es, and Independent Contractors		
Check if Sch	edule O contains a response or note to any line in this Part VII		
Section A. Officers, Di	rectors, Trustees, Key Employees, and Highest Compensated E	Employees	
1a Complete this table for	or all persons required to be listed. Report compensation for the cal	lendar 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 (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

THE FLORIDA RECREATION AND PARK

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

		I	i nza		_	npor	ioutt		,	(5)
(A)	(B)			Pos	C)	.		(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	than o	one	Reportable	Reportable	Estimated
	hours per					is both pr/trus		compensation	compensation	amount of
	week			T			,	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		9	bens		(W-2/1099-MISC)		organization
	organizations	ual tru	onal		ploye	ee com				and related
	below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(4)	,	Ē	Ë	6	Ke	1 <u></u> = = =	ß			
(1) JOAN BYRNE	5.00									
PAST PRESIDENT		Х		X				0.	0.	0.
(2) FELICIA DONNELLY	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) JENNIFER CIRILLO	5.00									
VICE PRESIDENT OF FINANCE		x		x				0.	0.	0.
(4) SYDNEY KITTILA	5.00									
VICE PRESIDENT		x		x				0.	0.	0.
(5) SUSAN LOVALLO	5.00	1								
PRESIDENT ELECT		x		x				0.	0.	0.
(6) DANNY BARCIA	5.00	<u> </u>								
VICE PRESIDENT		x		x				0.	0.	0.
(7) DAVID RAMIREZ	5.00									
VICE PRESIDENT		x		x				0.	0.	0.
(8) ELEANOR WARMACK	60.00									
EXECUTIVE DIRECTOR		1		x				121,069.	0.	33,321.
		1								
		-				-				
		-								
	-	-				+				
		1								
		+				\vdash				
		1								
										000

THE FLOR			TI	ON	A	ND	F	PARK	7 2 7	11 2.	1 2 2	_	0
Form 990 (2018) ASSOCIAT									23-7	<u>413</u>	LZ3	Р	age 8
		oloy I	ees,			ghes	st C		, ,	—			
(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per	more rson i	than o s both r/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	an	(F) timate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MK	I	· · ·		ie tion ted
		-	_			1.0							
1b Sub-total		<u> </u>				L		121,069.		0.	3	3,3	21.
								0. 121,069.		0.	3	3,3	0. 21.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable)		Yes	1 No
3 Did the organization list any former officer,										[2	Tes	X
 line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su and related organizations greater than \$150 	im of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from th	he organization		3	x	
 5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," control 	accrue comper	isati	on fr	rom	any	unre	elate	ed organization or individ	dual for services		5		x
Section B. Independent Contractors													
1 Complete this table for your five highest co the organization. Report compensation for										oensat	ion fro	m	
(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	С	(C ompei		n
2 Total number of independent contractors (i \$100.000 of compensation from the organi		ot lin	niteo	d to f	thos C		ted	above) who received mo	ore than				

Form	990	<u>) (20</u> 18) ASSOC	IATION,	INC.			23-7413	123 Page 9
Pa	rt VI	III Statement of Reven	ue					
		Check if Schedule O conta	ins a response (or note to anv lin	e 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
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d f g h 2 a	 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contribution f All other contributions, gifts, grants similar amounts not included above g Noncash contributions included in lines 1a h Total. Add lines 1a-1f a CONFERENCE b PUBLICATIONS ANI c COMMITTEES AND S 	1b 1c 1d pons) 1e s, and a-1f: \$		228,958. 470,485. 235,988. 102,362.	470,485. 228,249. 102,362.	7,739.	
ven Ven	ن ام			541500	102,502.	102,302.		
Be		d						
jo								
-		f All other program service rever			808,835.			
		g Total. Add lines 2a-2f			000,035.			
	3 4	Investment income (including c other similar amounts) Income from investment of tax	exempt bond p	roceeds	6,575.			6,575.
	5	Royalties						
	b	a Gross rents b Less: rental expenses c Rental income or (loss)	(i) Real	(ii) Personal				
		d Net rental income or (loss)						
		a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	c	 b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) a Gross income from fundraising 						
Other Revenue		including \$ contributions reported on line ⁻ Part IV, line 18	of 1c). See a	<u>19,069.</u>				
ŧ		b Less: direct expenses		7,027.	12 042			12 042
		 c Net income or (loss) from fundr a Gross income from gaming act Part IV, line 19 	ivities. See	····· •	12,042.			12,042.
	b	b Less: direct expenses	b					
		c Net income or (loss) from gami		>				
		 a Gross sales of inventory, less returns and allowancesa b Less: cost of goods soldb 						
ļ	с	c Net income or (loss) from sales	of inventory	►				
[Miscellaneous Revenue	•	Business Code				
	11 a	a						
		b						
	с	c						
		d All other revenue						
		e Total. Add lines 11a-11d						
	12	Total revenue. See instructions			1,056,410.	801,096.	7,739.	18,617.

	ASSOCIATION ASSOCIATION			23-74	413123 Page 10
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respon	ise or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		•		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	157,640.			
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	110 105			
7	Other salaries and wages	110,195.			
8	Pension plan accruals and contributions (include	11 104			
-	section 401(k) and 403(b) employer contributions)	11,194.			
9	Other employee benefits	<u>15,717.</u> 17,195.			
10	Payroll taxes	17,195.			
11	Fees for services (non-employees):				
a b	Management	263.			
c c	Legal Accounting	13,839.			
d	Lobbying	61,227.			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	120.			
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch 0.)	1,356.			
12	Advertising and promotion				
13	Office expenses	21,480.			
14	Information technology	35,166.			
15	Royalties				
16	Occupancy	7,044.			
17	Travel	32,532.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	220 562			
19	Conferences, conventions, and meetings	230,562.			
20	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization	10,482.			
22 23		6,429.			
23 24	Insurance Other expenses. Itemize expenses not covered	0,1251			
27	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) PUBLICATIONS AND EDUCAT	137,108.			
a b	COMMITTEES AND SPECIAL	125,365.			
c	BANK FEES	26,466.			
d	REPAIRS AND MAINTENANCE	3,908.			
	All other expenses	2,247.			
25	Total functional expenses. Add lines 1 through 24e	1,027,535.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			14,618.	4	0.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted empl	oyees. Complete			
		Part II of Schedule L	•			5	
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section	4958(c)(3	B)(B), and contributing			
		employers and sponsoring organizations of sect		-			
s		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			8		
	9				29,158.	9	40,291.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	285,780. 181,059.			
	b	Less: accumulated depreciation		181,059.	<u>115,203.</u> 109,393.	10c	104,721. 98,003.
	11	Investments - publicly traded securities			109,393.	11	98,003.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line ⁻				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			847,354.	16	961,634.
	17	Accounts payable and accrued expenses		51,770.	17	47,085.	
	18	Grants payable				18	
	19	Deferred revenue		351,891.	19	440,386.	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I			21		
S	22	Loans and other payables to current and former	directors, trustees,				
litie		key employees, highest compensated employee	squalified persons.				
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated	l third pa	rties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	17-24). (Complete Part X of			
		Schedule D			9,496.	25	7,495. 494,966.
	26				413,157.	26	494,966.
		Organizations that follow SFAS 117 (ASC 958), check	here 🕨 🔀 and			
es		complete lines 27 through 29, and lines 33 an					166.660
ŭ	27	Unrestricted net assets			434,197.	27	466,668.
3ala	28	Temporarily restricted net assets				28	
μ	29					29	
Fur		Organizations that do not follow SFAS 117 (A	SC 958),	check here			
P		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ec			31		
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			424 405	32	
Z	33	Total net assets or fund balances		·····	434,197.	33	466,668.
	34	Total liabilities and net assets/fund balances			847,354.	34	961,634.
							Form 990 (2018)

<u>23-7</u>413123 Page 11

(B) End of year

718,619.

Cash - non-interest-bearing

Form 990 (2018)

1

1

(A) Beginning of year

578,982.

THE	FLORIDA	RECREATION	AND	PARK

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total evenue (must equal Part X, column (A), line 12) 1 1,056,410. 2 1,027,535. 3 Revenue less expenses. Subtract line 2 from line 1 3 28,875. 3 Revenue less expenses. Subtract line 2 from line 1 3 28,875. 4 434,197. 5 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 434,197. 5 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 434,197. 6 6 7 6 7 7 8 Prior period adjustments 8 9 0. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 9 0. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Form	ASSOCIATION, INC.	23-74	13123	Pag	_{je} 12		
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1,056,410. 2 Total expenses (must equal Part IX, column (A), line 25) 2 1,027,535. 3 28,875. 4 434,197. 5 3,596. 6 7 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B) 11 Accounting Tinancial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other If "Yes," check a box below to indi	Pa	rt XI Reconciliation of Net Assets						
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,027,535. 3 Revenue less expenses. Subtract line 2 from line 1 3 28,875. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 434,197. 5 3,596. 6 Donated services and use of facilities 6 7 5 3,596. 6 8 Prior period adjustments 6 7 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 4666,668. Part XIII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. consolidated basis, or both: Seharat basis, consolidated basis		Check if Schedule O contains a response or note to any line in this Part XI	<u></u>					
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,027,535. 3 Revenue less expenses. Subtract line 2 from line 1 3 28,875. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 434,197. 5 3,596. Donated services and use of facilities 6 6 7 1 8 9 0. 8 Prior period adjustments 8 9 0. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 4666,668. Part XIII Financial Statements and Reporting X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. consolidated basis, or both: Separate basis Consolidated basis, or both: <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th></td<>								
3 Revenue less expenses. Subtract line 2 from line 1 3 28,875. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 434,197. 5 Net unrealized gains (losses) on investments 5 3,596. 6 Donated services and use of facilities 6 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 4666,668. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X	1	Total revenue (must equal Part VIII, column (A), line 12)	1					
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 434,197. 5 Net unrealized gains (losses) on investments 5 3,596. 6 0 7 5 7 8 6 7 8 7 8 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 466, c668. Part XII Financial Statements and Reporting X 10 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Yes, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis 2b X 1 Yes', 'check a box below to indicate whether the financial statements for the year were audited on a separate	2	Total expenses (must equal Part IX, column (A), line 25)	2					
5 Net unrealized gains (losses) on investments 5 3,596. 6 Donated services and use of facilities 7 7 8 Prior period adjustments 9 0. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 466 , 668 . Part XII Financial Statements and Reporting X X Yes No 1 Accounting method used to prepare the Form 990: Cash X Account of the organization's financial statements complied or reviewed by an independent accountant? Yes No 1 Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis. consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Za X 1 Were the organization's financial statements audited by an independent accountant? Zb X Za X 1 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: Zb X Za X 1 <th>3</th> <td>Revenue less expenses. Subtract line 2 from line 1</td> <td>3</td> <td></td> <td></td> <td></td>	3	Revenue less expenses. Subtract line 2 from line 1	3					
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 4666, 668. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Zb X If "Yes," check a box below to nicitate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Zb X If "Yes," check a box below to nicitate whether the financial statements for the year were audit	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4					
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 466 , 668 . Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basi	5	5 Net unrealized gains (losses) on investments 5						
 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 466, 668. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 11 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis or both: Separate basis Consolidated basis is Both consolidated and separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis is Both consolidated and separate basis, consolidated basis or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis is Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis is Both consolidated and separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis is Both consolidated and separate basis c If "Yes" to line 2 or 2b, does the organization have a committee that assumes responsibility for oversight of the audit	6	Donated services and use of facilities	6					
9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 466, 668. Part XII Financial Statements and Reporting 10 466, 668. Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:: 2b	7	Investment expenses	7					
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 466,668. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Z Yes No 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X Z X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Z Z Z X <tr< th=""><th>8</th><td>Prior period adjustments</td><td>8</td><td></td><td></td><td></td></tr<>	8	Prior period adjustments	8					
column (B)) 10 466,668. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 2a Ware the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 "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: 2b X 1f "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 1f "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 3 Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 3 Separate basis 3 Consolidated basis 4 Both consolidated and separate basis, consolidated basis, or both: 3 Separate basis 5 If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If "the organization changed either its oversight process or selection process during the tax year, explain in Sch	9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate basis Both consolidated and separate basis 2b X If the organization c	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a Yes No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a basis Consolidated basis Both consolidated and separate basis 2c X If "Yes," to line			10	466	,66	58.		
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting						
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII				X		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 3a X					Yes	No		
2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
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: Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>		
 Separate basis Consolidated basis Both consolidated and separate basis 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: X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidate		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a					
b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X X Separate basis Consolidated basis Both consolidated and separate basis 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. Image: Consult of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? X		separate basis, consolidated basis, or both:						
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: Image: Consolidated basis Image:		Separate basis Consolidated basis Both consolidated and separate basis						
consolidated basis, or both: Image: Consolidated basis Both consolidated and separate basis Image: Consolidated basis	b	Were the organization's financial statements audited by an independent accountant?		2b	X			
X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
cIf "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?2cXIf the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.2cX3aAs a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?3aX		consolidated basis, or both:						
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X		X Separate basis Consolidated basis Both consolidated and separate basis						
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
Act and OMB Circular A-133?		If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.					
	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit					
		Act and OMB Circular A-133?		3a		X		
	b		red audit					
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>					

Form **990** (2018)

SCHEDULE C	CHEDULE C Political Campaign and Lobbying Activities						
(Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section		20	18			
Department of the Treasury Internal Revenue Service	 Complete if the organization is described below. Attach to Form 990 or Forn Go to www.irs.gov/Form990 for instructions and the latest information. 	1990-EZ.	Open to Inspec				
If the organization answ	vered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Can	paign Activ	ities), then				
 Section 501(c)(3) org 	anizations: 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 Parts I-A and C below.	art I-B.					
 Section 527 organization 	ations: Complete Part I-A only.						
If the organization answ	vered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Ac	tivities), the	en				
 Section 501(c)(3) org 	anizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do	not complet	te Part II-B.				
 Section 501(c)(3) org 	anizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-	B. Do not co	mplete Part I	I-A.			
If the organization answ	vered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or For	m 990-EZ, P	Part V, line 35	ic (Proxy			
Tax) (see separate inst	ructions), then						
	, or (6) organizations: Complete Part III.						
Name of organization	THE FLORIDA RECREATION AND PARK ASSOCIATION, INC.		identificatio				
	3-74131	L23					
Part I-A Comple	ete if the organization is exempt under section 501(c) or is a section 5	bzi organ	ization.				
	on of the organization's direct and indirect political campaign activities in Part IV.						
	activity expenditures	► \$					
3 Volunteer hours for	political campaign activities						
Part I-B Comple	ete if the organization is exempt under section 501(c)(3).						
	• • • • • • • • • • • • • • • • • • • •						
	f any excise tax incurred by the organization under section 4955 f any excise tax incurred by organization managers under section 4955	► \$					
			Yes	No			
	ncurred a section 4955 tax, did it file Form 4720 for this year?						
			Yes	└── No			
b If "Yes," describe in Part I-C Comple	ete if the organization is exempt under section 501(c), except section	501(c)(3).					
-	irectly expended by the filing organization for section 527 exempt function activities						
	f the filing organization's funds contributed to other organizations for section 527	ν					
exempt function ac		▶\$					
	on expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,	F Ψ					
		▶\$					
	zation file Form 1120-POL for this year?		Yes	No			
	ddresses and employer identification number (EIN) of all section 527 political organizations						
	or each organization listed, enter the amount paid from the filing organization's funds. Also						
	red that were promptly and directly delivered to a separate political organization, such as a		•				
	mittee (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

Schedule C (Form 990 or 990-EZ) 2018	ASSOCIA	ATION	, INC.		23-7	7 4 13123 F	² age 2
Part II-A Complete if the org	ganization	is exen	npt under section	1 501(c)(3) and file	ed Form 5768 (el	ection under	1
section 501(h)).							
A Check 🕨 🗌 if the filing organiza	ation belongs	to an affil	iated group (and list in	Part IV each affiliated	group member's nam	ne, address, EIN,	
expenses, and sha	re of excess l	obbying e	expenditures).				
B Check ► if the filing organiza	ation checked	l box A ar	nd "limited control" pro	visions apply.			
	its on Lobbyi ditures" mea	• •	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated of totals	Jroup
1a Total lobbying expenditures to influ	uence public	opinion (c	arass roots lobbving)				
b Total lobbying expenditures to influ	-						
c Total lobbying expenditures (add li							
d Other exempt purpose expenditure							
e Total exempt purpose expenditure							-
f Lobbying nontaxable amount. Ente							
If the amount on line 1e, column (a) of			bying nontaxable amo				
Not over \$500.000			the amount on line 1e.				
Over \$500,000 but not over \$1,00	0.000		0 plus 15% of the exce	ess over \$500.000.			
Over \$1,000,000 but not over \$1,5			0 plus 10% of the exce				
Over \$1,500,000 but not over \$17.	ss over \$1,500,000.						
Over \$17,000,000							
+ ,		\$1,000,0					
g Grassroots nontaxable amount (er	nter 25% of lin	ne 1f)					
h Subtract line 1g from line 1a. If zer		,					
i Subtract line 1f from line 1c. If zero		•					
j If there is an amount other than ze							
reporting section 4911 tax for this						Yes	No
			raging Period Under				
(Some organizations t					of the five columns b	elow.	
	See t	he separa	ate instructions for lin	nes 2a through 2f.)			
	Lobbyi	ng Exper	nditures During 4-Yea	r Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 20	15	(b) 2016	(c) 2017	(d) 2018	(e) Tota	1
2a Lobbying nontaxable amount							
b Lobbying ceiling amount							
(150% of line 2a, column(e))							
c Total lobbying expenditures							
d Creaserate pertavable amount							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							
					1		

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 ASSOCIATION, INC. 23-74131 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
i	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		. 1		X
2	Did the organization make only in house lobbying expenditures of \$2,000 or less?				X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3	Х	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		, or sec	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No," OR (l	b) Part	III-A, line	e 3, is
1	Dues, assessments and similar amounts from members		1	248	3,027.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a	30),614.
	Carryover from last year				2,012.
c					2,626.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				1,803.
4	If notices were sent and the amount on line $2c$ exceeds the amount on line 3, what portion of the exce				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4	27	7,823.
5	Taxable amount of lobbying and political expenditures (see instructions)	5		,	
Par		<u></u>			
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A,	lines 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SC	HEDULE D	Supplementa	al Financial Statem	ents		OMB No. 1545-0047
	n 990)	Complete if the org	anization answered "Yes" on Fo	rm 990,		2018
Denart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12 Attach to Form 990.	a, or 12b.		Open to Public
	Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest	information.	1	Inspection
Nam	e of the organization		FION AND PARK		Emp	loyer identification number
Par		ASSOCIATION, INC. ations Maintaining Donor Advised	d Euroda az Othaz Similaz E	undo or Ao		23-7413123
Fai		-			coun	IS. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds		b) Func	is and other accounts
1	Total number at er	nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5		on inform all donors and donor advisors in v		or advised fund	ls	
	-		-			Yes No
6						
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important Preservation of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation day of the tax year. Total number of conservation easements		Yes No				
Par	t II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Forr	m 990, Part IV,	line 7.	
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).			
	Preservation	of land for public use (e.g., recreation or e	ducation)	of a historically	import	ant land area
	Protection o	f natural habitat	Preservation of	of a certified his	storic s	tructure
2	•	v	ied conservation contribution in th	e form of a cor		
						Held at the End of the Tax Year
_						
b	٠.				2b	
c		vation easements on a certified historic stru			2c	
a		vation easements included in (c) acquired a				
2		al Register vation easements modified, transferred, rel			2d	luring the tax
3	year ►	valion easements modified, transferred, re-	eased, extinguished, or terminated	a by the organi	Zation C	iuning the tax
4		 where property subject to conservation eas	sement is located			
5		tion have a written policy regarding the per		lina of		
-	•	orcement of the conservation easements it	0. 1	U U		Yes No
6	,	r hours devoted to monitoring, inspecting,				
	▶					
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing co	onservation eas	sements	s during the year
	▶\$					
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section	on 170(h)(4)(B)	(i)	
	and section 170(h)	(4)(B)(ii)?				Yes No
9		be how the organization reports conservation				
		ble, the text of the footnote to the organizat	ion's financial statements that des	scribes the orga	anizatio	n's accounting for
Da	conservation ease	ments. ations Maintaining Collections of	Art Historical Treasures	or Other S	imilar	Accote
Fai		the organization answered "Yes" on Form		of other 3	iiiiiai	A33013.
10				ototomont on		an aboat works of art
Ia		elected, as permitted under SFAS 116 (AS s, or other similar assets held for public exh				
		note to its financial statements that descril				ervice, provide, intrart All,
b		elected, as permitted under SFAS 116 (AS		tement and ba	lance s	heet works of art historical
2	-	similar assets held for public exhibition, ec				
	relating to these ite				, pr	
	-	ded on Form 990, Part VIII, line 1			▶ \$	i
					▶ \$;
2	. ,	received or held works of art, historical trea			provide	
	•	unts required to be reported under SFAS 1		•		
а	Revenue included	on Form 990, Part VIII, line 1	-		▶ \$;
		Form 990, Part X				
		advetion Act Nation and the Instructions			_	

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

Schedule D (Form 990) 2018

832051 10-29-18

	THE FLO	RIDA RECREA	ATIO	N AND I	PARK						
		TION, INC.							13123		age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histe	orical Tre	easures, o	r Other	Similar	Assets	(continu	ed)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following that	t are a sig	nificant us	se of its c	ollection it	ems	
	(check all that apply):										
а	Public exhibition	d	ı 🛄	Loan or exc	hange progra	ams					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how th	ey further th	ne organizatio	on's exem	pt purpos	e in Part	XIII.		
5	During the year, did the organization solicit of				-				_		-
_	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered '	"Yes" on I	Form 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod		•						-		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able:							
									Amount		
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance									_	<u> </u>
	Did the organization include an amount on F						y?	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.								<u></u>		
Par	t V Endowment Funds. Complete								.		
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three ye	ears back	(e) Four y	ears	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	•	e (line 1g	g, column (a))) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are held ar	nd administer	ed for the	e organiza	tion	_		
	by:								<u> </u>	/es	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV								
	Description of property	(a) Cost or o		. ,	t or other	.,	cumulate	d	(d) Book	value	Э
		basis (investr	nent)		(other)	dep	reciation			~	
1a	Land				3,250.	-	10 55	_			50.
	Buildings			21	0,309.	1	49,63	5.	60	,61	74.
	Leasehold improvements			-	0.001		04 45				
	Equipment			4	2,221.		31,42	4.	10	,79	97.
	Other							_	4 ~ *	_	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. colur</u>	nn (B), line 1	0c.)				104		
							9	Schedule	D (Form	990)	2018

832052 10-29-18

THE FLORIDA RECREATION AND PARK ASSOCIATION, INC. Schedule D (Form 990) 2018 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) <u>(9)</u> Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (1) (2) (3) (4) (5) (6) (7) (8)

(9)

Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CAPITAL LEASE PAYABLE	7,495.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	(Column (b) must equal Form 000, Part V, col. (P) line 25.)	7.495.

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

(b) Book value

►

	THE FLORIDA RECREATION AND	PARK			
Sche	dule D (Form 990) 2018 ASSOCIATION, INC.			23-	7413123 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,066,913.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	3,596.		
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	3,596.
3	Subtract line 2e from line 1			3	1,063,317.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	120.		
b	Other (Describe in Part XIII.)	4b	-7,027.		
с	Add lines 4a and 4b			4c	-6,907.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	1,056,410.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per R	leturi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,034,442.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)		7,027.		
е	Add lines 2a through 2d			2e	7,027.
3	Subtract line 2e from line 1			3	1,027,415.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	120.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	120.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,027,535.
Pa	t 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 X, LINE 2:

THE FLORIDA RECREATION AND PARK ASSOCIATION, INC. HAS REVIEWED AND

EVALUATED THE RELEVANT TECHNICAL MERITS OF EACH OF THEIR TAX POSITIONS IN

ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED

STATES OF AMERICA FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND

DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A

MATERIAL IMPACT ON THE FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON 990 PART VIII

PART XII, LINE 2D - OTHER ADJUSTMENTS:

		ጥዝ'	E FLORIDA	RE	CREA	тт∩N		DARK			
Schedule D (F	orm 990) 20 ⁻								23-7	7413123	B Page 5
Part XIII S	Suppleme	ntal Informatio	on _(continued)								
SPECIAL	EVENT	EXPENSES	REPORTED	ON	990	PART	VIII			7	,027.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047		
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				r 19 ,	or if the	2018		
Department of the Treasury		Attach to Form 990) or Fo	rm 99	0-EZ.			Open to Public		
Internal Revenue Service		to www.irs.gov/Form990 for inst			the latest information	on.		Inspection		
Name of the organization		RIDA RECREATION AN TION, INC.	D PZ	ARK			Employer	identification numl し 3 1 つ 3	ber	
Part I Fundraisi		-								
	complete this part	Complete if the organization answe	ered *	es" or	1 Form 990, Part IV, I	ne i	7. Form 990	-EZ filers are not		
1 Indicate whether the	organization rais	ed funds through any of the followir	ng activ	vities. (Check all that apply.					
a 📃 Mail solicitati	ons	e 📃 Solicita	ation of	non-g	overnment grants					
b Internet and e	email solicitations	f Solicita	ation of	gover	nment grants					
c Phone solicit		g 🔄 Specia	l fundra	aising	events					
d In-person soli										
U U		r oral agreement with any individual	•	Ũ		tees,		(es No		
	key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be									
compensated at lea				agreer						
		-				()	Amount noi			
(i) Name and address	s of individual	(ii) Activity	(III) fundi have c	Did aiser	(iv) Gross receipts	tò (o	Amount pai or retained b	y) (vi) Amount pa		
or entity (fund	raiser)		or cor contrib	ntrol of	from activity		fundraiser ted in col. (i	òrganization		
			Yes	No				,		
			165							
			_							
		1	_	1						
Total										
 List all states in white or licensing. 	ch the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is (exempt from	registration		

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

Schedule G (Form 990 or 990-EZ) 2018

THE FLORIDA RECREATION AND PARK Schedule G (Form 990 or 990-EZ) 2018 ASSOCIATION, INC.

23-7413123 Page 2

Pa	irt							
		of fundraising event contributions and gro	oss income on Form 990	-EZ, li	nes 1 and 6b. List e			s greater than \$5,000.
			(a) Event #1		(b) Event #2	(c) Other events	(d) Total events
					L SUMMER			(add col. (a) through
			LUNCHEON	STA	AFF WORKSH		3	col. (c)
a)			(event type)		(event type)	(total number)	
Revenue								
eve	1	Gross receipts	7,148.		4,160.		7,761.	19,069.
æ								
	2	Less: Contributions						
	3	Gross income (line 1 minus line 2)	7,148.		4,160.		7,761.	19,069.
	4	Cash prizes						
	5	Noncash prizes						
ses								
Den	6	Rent/facility costs						
Direct Expenses								
ect	7	Food and beverages						
Ē								
	8	Entertainment						
	9	Other direct expenses			2,202.		2,649.	7,027.
	10	Direct expense summary. Add lines 4 through						7,027.
De	11							12,042.
FC	nrt	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990,	Part IV, line 19, or r	report	ed more than	
		\$15,000 0H FOHH 990-EZ, IIIIe 6a.		/) Pull tabs/instant			(d) Total gaming (add
ne			(a) Bingo		o/progressive bingo	(c	Other gaming	col. (a) through col. (c)
Revenue								
Re	1	Gross revenue						
	-							
	2	Cash prizes						
ses		•						
Expenses	3	Noncash prizes						
Ă	-							
Direct	4	Rent/facility costs						
ā		•						
	5	Other direct expenses						
		· · · · · · · · · · · · · · · · · · ·	Yes %		Yes %		Yes %	
	6	Volunteer labor	No		No		No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)				►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				►	
		ter the state(s) in which the organization condu						
		the organization licensed to conduct gaming ac			;?			Yes No
b) If "	No," explain:						
						-		
		ere any of the organization's gaming licenses re		ermina	ited during the tax y	/ear?		Yes No
b) IT "	'Yes," explain:						

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

THE	FLORIDA	RECREATION	AND	PARK
-----	---------	------------	-----	------

Sch	nedule G (Form 990 or 990-EZ) 2018 ASSOCIATION, INC. 23	-7413	123	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
	Indicate the percentage of gaming activity conducted in:	I.		
	a The organization's facility			%
	b An outside facility	. 13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
ł	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party $ ightarrow$ \$			
C	c If "Yes," enter name and address of the third party:			
	Name			
	Address 🕨			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	🗌 No
ł	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	Part III, lir	ies 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990 or 990-EZ)	ASSOCIATION,	INC.	23-7413123	Page 4
Part IV	a (Form 990 or 990-EZ) Supplemental Infor	mation (continued)			

SCHEDULE J Compensation Information	1	OMB No. 154	5-0047
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and	d Highest	201	10
Compensated Employees Complete if the organization answered "Yes" on Form 990, Par	+ IV line 22	201	10
Department of the Treasury	t IV, inte 23.	Open to F	ublic
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest in		Inspect	
Name of the organization THE FLORIDA RECREATION AND PARK	Employer id		number
ASSOCIATION, INC.	23-7	413123	
Part I Questions Regarding Compensation			
		<u>г</u>	<u>res No</u>
1a Check the appropriate box(es) if the organization provided any of the following to or for a person list			
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these ite			
First-class or charter travel Housing allowance or reside	•		
Travel for companions	•		
Tax indemnification and gross-up payments Health or social club dues of Discretionary spending account Personal services (such as not service)			
Discretionary spending account Personal services (such as n	fiaid, chaufieur, cheij		
h. If any of the hoves on line 1a are checked, did the organization follow a written policy recording or	avment or		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding pa reimbursement or provision of all of the expenses described above? If "No," complete Part III to ex	•	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by a			
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation or	of the organization's		
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a relative	U U		
establish compensation of the CEO/Executive Director, but explain in Part III.	ieu ergamzater te		
Compensation committee Written employment contract	ct		
Independent compensation consultant Compensation survey or stu			
Form 990 of other organizations	•		
	····		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the	e filing		
organization or a related organization:			
a Receive a severance payment or change-of-control payment?		. 4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	<u> </u>
c Participate in, or receive payment from, an equity-based compensation arrangement?		. 4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in P	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?		. <u>5</u> a	
b Any related organization?		. 5 b	
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?		<u>6a</u>	<u> </u>
h Annual stand succession stimus 0		. <u>6b</u>	
b Any related organization?			
b Any related organization?If "Yes" on line 6a or 6b, describe in Part III.			
 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 nonfix 		_	
 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 nonfix not described on lines 5 and 6? If "Yes," describe in Part III 		. 7	
 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 nonfix 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 	s subject to the		-
 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 nonfix 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 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part 	s subject to the art III		
 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 nonfix 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 	s subject to the art III		

Schedule J (Form 990) 2018

ASSOCIATION, INC.

23-7413123

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title	-	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(1)(1)(1)	reported as deferred on prior Form 990
(1) ELEANOR WARMACK	(i)	119,962.	1,107.	0.	12,516.	20,805.	154,390.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(ii) (i)							
	(ii) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							

THE	FLORIDA	RECREATION	AND	PARK
ASSO	DCIATION	, INC.		

Schedule J (Form 990) 2018

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.

Schedule J (Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. THE FLORIDA RECREATION AND PARK ASSOCIATION, INC.



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

THE FLORIDA RECREATION AND PARK ASSOCIATION IS COMMITTED TO ATTAINING

INDUSTRY EXCELLENCE BY PROVIDING PROFESSIONAL DEVELOPMENT, NETWORKING

AND RESOURCES TO ITS MEMBERS, AND PROVIDING ADVOCACY FOR PARKS AND

RECREATION INTERESTS.

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

THE ASSOCIATION IS COMPRISED OF MEMBERS. THERE ARE 4 CATEGORIES OF

MEMBERSHIP THAT HAVE VOTING PRIVILEGES: PROFESSIONAL, RETIREE, COMMERCIAL

PROFESSIONAL, AND LIFETIME. MEMBERS IN THESE CATEGORIES VOTE TO ELECT

PRESIDENT-ELECT AND VICE PRESIDENTS ON A STATE LEVEL.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF THE ASSOCIATION VOTE TO ELECT THE MEMBERS OF THE GOVERNING

BOARD.

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

THE COMPLETED FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO

FILING.

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

A CONFLICT OF INTEREST STATEMENT AND ANTI-TRUST STATEMENT IS READ PRIOR TO

EACH OF OUR BOARD MEETINGS BY THE PRESIDENT OF THE ASSOCIATION.

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

THE PERSONNEL COMMITTEE (PRESIDENT, PRESIDENT ELECT, PAST PRESIDENT)

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

 Schedule O (Form 990 or 990-EZ) (2018)
 Page 2

 Name of the organization
 THE FLORIDA RECREATION AND PARK ASSOCIATION, INC.
 Employer identification number 23-7413123

 ANNUALLY EVALUATE THE EXECUTIVE DIRECTOR AND ESTABLISH COMPENSATION. THE

 EVALUATION IS AVAILABLE FOR REVIEW BY THE BOARD OF DIRECTORS. THE SALARY

 IS REPORTED TO THE FINANCIAL OVERSIGHT COMMITTEE WHEN THEY REVIEW THE

 OPERATING BUDGET. THE SALARY OF ALL EMPLOYEES IS REPORTED IN AGGREGATE TO

 THE BOARD OF DIRECTORS DURING THE OPERATING BUDGET APPROVAL PROCESS, AND

 TIME FOR QUESTIONING IS ALLOWED.

FORM 990, PART VI, SECTION C, LINE 18:

FORMS ARE OPEN FOR PUBLIC INSPECTION AT THE EXECUTIVE OFFICE. THE 990 IS

ALSO POSTED ON THE ORGANIZATION'S WEBSITE.

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

THE FLORIDA RECREATION AND PARK ASSOCIATION'S PUBLIC RECORDS POLICY

REQUIRES THAT THE ASSOCIATION MAKE AVAILABLE FOR PUBLIC INSPECTION THE

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AFTER APPROPRIATE WRITTEN

REQUEST HAS BEEN RECEIVED.

FORM 990, PART XII, LINE 2C

THE PROCESS FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT

ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

000 T		ED TO MA				Ι.				
Form 990-T	Exempt Organizat				ax Return		OMB No. 1545-0687			
		-		ction 6033(e))	X 20 2010		2018			
	For calendar year 2018 or other tax year beginning			ns and the latest informa		- ·	2010			
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this					Ope 501	en to Public Inspection for (c)(3) Organizations Only			
A Check box if	Name of organization (Chec					Employer	identification number			
address changed	THE FLORIDA RECI					(Employe instructio	ees' trust, see ons.)			
B Exempt under section	Print ASSOCIATION, INC					23-	-7413123			
X 501(c)(6)	or Number, street, and room or suite	no. If a P.O. box,	, see in	structions.	E	Unrelated (See instr	business activity code			
408(e) 220(e)	Type 411 OFFICE PLAZE	e 411 OFFICE PLAZA DRIVE								
408A 530(a)										
529(a)										
C Book value of all assets at end of year a contract of the force provide the instructions.) ►										
	34. G Check organization type ▶ [401(a) tr		Other trust			
	organization's unrelated trades or businesse	s. 🕨 🔡	L		the only (or first) unrel					
	ADVERTISING				complete Parts I-V. If		an one,			
	ank space at the end of the previous senten	ce, complete Par	ts I and	d II, complete a Schedule	M for each additional	trade or				
business, then complete	Parts III-V. the corporation a subsidiary in an affiliated (t ouboi	diany controlled group?			XNO			
	nd identifying number of the parent corpora		t-subsi	ulary controlled group?	🕨 🗆	Yes				
	► THE ORGANIZATION			Telenho	one number 🕨 85	0-8	78-3221			
	Trade or Business Income			(A) Income	(B) Expenses		(C) Net			
1a Gross receipts or sale	s				()					
b Less returns and allow		nce 🕨	1c							
2 Cost of goods sold (S	chedule A, line 7)		2							
	line 2 from line 1c		3							
	e (attach Schedule D)		4a							
b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)		4b							
c Capital loss deduction	for trusts		4c							
5 Income (loss) from a	partnership or an S corporation (attach state	ement)	5							
6 Rent income (Schedu	e C)		6							
7 Unrelated debt-financ	ed income (Schedule E)		7							
· · · ·	alties, and rents from a controlled organizati	F	8							
	a section 501(c)(7), (9), or (17) organizatio		9							
	vity income (Schedule I)		10		01 00	_	10 050			
	chedule J)		11	7,739.	21,09	2.	-13,353.			
	structions; attach schedule)		12	7 7 2 0	21 00	2	10 252			
13 Total. Combine lines	3 through 12 ns Not Taken Elsewhere (See	instructions for	13 Limita	7,739.	21,09	4.	-13,353.			
(Except for d	contributions, deductions must be direct	ctly connected	with t	he unrelated business	income.)					
	cers, directors, and trustees (Schedule K)	•				14				
						15				
	ance					16				
						17				
	dule) (see instructions)					18				
						19				
20 Charitable contributi	ons (See instructions for limitation rules) \ldots					20				
	Form 4562)									
	imed on Schedule A and elsewhere on retur				:	22b				
23 Depletion						23				
	rred compensation plans					24				
	ograms					25				
	Excess exempt expenses (Schedule I) 26									
	cess readership costs (Schedule J)									
	s (attach schedule) 28									
	dd lines 14 through 28					29	0.			
	axable income before net operating loss dec					30	-13,353.			
	erating loss arising in tax years beginning o			. ,		31	10 050			
32 Unrelated business t	axable income. Subtract line 31 from line 30) 				32	-13,353.			

THE	FLORIDA	RECREATION	AND	PARK
-----	---------	------------	-----	------

Form 990-T	(2018) ASSOCIATION, INC.	ATTOM AND TARK		23-741	3123		Page 2
Part I		able Income		20 / 11			
33	Total of unrelated business taxable income compu		(see instructions)		33	-13,3	53.
34	·		,		34		<u></u>
35	Deduction for net operating loss arising in tax yea	urs heginning hefore January 1, 2018 (see in	structions) S	гмт 1	35		0.
36	Total of unrelated business taxable income before						
	lines 00 and 04				36	-13,3	53.
37	Specific deduction (Generally \$1,000, but see line				37	1,0	
38	Unrelated business taxable income. Subtract lin					-/-	
	optor the employ of zero or line 20		,		38	-13,3	53.
Part I	/ Tax Computation					-	
39	Organizations Taxable as Corporations. Multiply	/ line 38 by 21% (0.21)		►	39		0.
40	Trusts Taxable at Trust Rates. See instructions f	or tax computation. Income tax on the amou	unt on line 38 from:				
	Tax rate schedule or Schedule D (F	orm 1041)		►	40		
41	Proxy tax. See instructions				41		
42	Alternative minimum tax (trusts only)				42		
43	Tax on Noncompliant Facility Income. See instru	uctions			43		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, w	hichever applies			44		0.
Part V							
45 a	Foreign tax credit (corporations attach Form 1118	3; trusts attach Form 1116)	45a				
	General business credit. Attach Form 3800						
	Credit for prior year minimum tax (attach Form 88						
е	Total credits. Add lines 45a through 45d				45e		
46	Subtract line 45e from line 44				46		0.
47	Other taxes. Check if from: 🔄 Form 4255 📃			(attach schedule)	47		
48	Total tax. Add lines 46 and 47 (see instructions)				48		0.
49	2018 net 965 tax liability paid from Form 965-A o				49		0.
	Payments: A 2017 overpayment credited to 2018				_		
	2018 estimated tax payments				-		
	Tax deposited with Form 8868				-		
	Foreign organizations: Tax paid or withheld at sou	irce (see instructions)			-		
					-		
	Credit for small employer health insurance premiu		<u>50f</u>		-		
g		Form 2439					
- 4		Other Total	- ug				
	Total payments. Add lines 50a through 50g				51		
52	Estimated tax penalty (see instructions). Check if				52		
53	Tax due. If line 51 is less than the total of lines 48 Overpayment. If line 51 is larger than the total of				53		
54 55	Enter the amount of line 54 you want: Credited to			funded	54 55		
Part V					55		
56	At any time during the 2018 calendar year, did the		``	,		Yes	No
50	over a financial account (bank, securities, or other			-		103	NU
	FinCEN Form 114, Report of Foreign Bank and Fin	,	-	,			
	here		and for orgin obtaining				х
57	During the tax year, did the organization receive a	distribution from or was it the granter of c	or transferor to a for	reign trust?			X
	If "Yes," see instructions for other forms the organ			orgin truction			
58	Enter the amount of tax-exempt interest received						
	Under penalties of perjury, I declare that I have examine				edge and belief,	it is true,	
Sign	correct, and complete. Declaration of preparer (other the	an taxpayer) is based on all information of which prep	parer has any knowledge				
Here		EXECU'	TIVE DIRE		ne preparer show	uss this return w vn below (see	/itn
	Signature of officer	Date			istructions)?	Yes	No
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN		
Paid				self- employed			
Prepa	rer KEVIN WARREN		12/12/19			642409	
Use C	Firm's name JAMES MOORE	& CO., P.L.		Firm's EIN 🕨	59-3	320454	8
		GAMBLE PLACE, SUITE	200				
	Firm's address FALLAHASS	EE, FL 32308-4386		Phone no. 8	350-386	5-6184	

Form 990-T (2018) ASSOCIATION, INC.

 Inventory at beginning of year Purchases 	1							
2 Purchases			6 Inventory at end of ye			6	_	
	2		7 Cost of goods sold. S					
3 Cost of labor	3		from line 5. Enter here		,			
4a Additional section 263A costs			line 2			7		
(attach schedule)			8 Do the rules of section	n 263A (v	vith respect to		Yes	S NO
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b			the organization?					
Schedule C - Rent Income (I (see instructions)	From Real Pi	roperty and	Personal Property I	Leased	d With Real Prop	berty	7)	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent received	or accrued						
(a) From personal property (if the perce rent for personal property is more t 10% but not more than 50%)	entage of han	` of rent for p	and personal property (if the percent personal property exceeds 50% or if ht is based on profit or income)	age	3(a) Deductions directl columns 2(a) a	y conne and 2(b)	ected with the income (attach schedule)	in
(1)								
(2)								
(3)								
(4)								
Total	0.	Fotal		0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	🕨		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Debt	t-Financed Ir	ncome (see	instructions)					
			2. Gross income from		3. Deductions directly corto debt-finan			
1. Description of debt-fina	anced property		or allocable to debt- financed property	(a)	Straight line depreciation ((attach schedule)		(b) Other deductio (attach schedule	
(1)								
(2)								
(3)								
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	5. Average ac of or allo debt-finance (attach s	cable to ed property	6. Column 4 divided by column 5	ed 7. Gross income reportable (column 2 x column 6)			8. Allocable deduct (column 6 x total of c 3(a) and 3(b))	columns
(1)			%	1				
(2)			%	1				
(3)			%	1				
(4)			%					
<u>\`'</u>			/0	Er	nter here and on page 1,		Enter here and on pa	•
				P	Part I, line 7, column (A).		Part I, line 7, column	п (В).
Totals				P			Part I, line 7, column	n (B). 0 .

Form **990-T** (2018)

Page 3

23-7413123

THE FI Form 990-T (2018) ASSOC		REATION ANI C.	O PARK			23	8-741	.3123	3 Page 4
Schedule F - Interest,	Annuities, Roy	alties, and Rent	s From Co	ntrolle	ed Organiza				
		Exemp	t Controlled O	rganizat	ions				
1. Name of controlled organiz	ide				otal of specified ments made	5. Part of of included in organization	the contro	olling	6. Deductions directly connected with income in column 5
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organ	nizations								
7. Taxable Income	8. Net unrelated ind (see instruct		tal of specified payı made	ments	10. Part of colu in the controlli gross				luctions directly connected income in column 10
(1)									
(2)									
(3)									
(4)									
Totals Schedule G - Investm		Section F01(c)	(7) (0) or (>		l on page 1, P column (A).	art I, 0 .		ere and on page 1, Part I, line 8, column (B).
	ent income of a structions)	a Section 501(c)	(<i>1</i>), (9), or (17) Ur	ganization				
	scription of income		2. Amount of	income	3. Deductio directly conne (attach sched	ected	4. Set-a (attach so		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)						,			
(2)									
(3)									
(4)									
			Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).
Totals				Ο.					0.
Schedule I - Exploited (see inst	-	ty Income, Othe	er Than Adv	/ertisiı	ng Income				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3). If a e cols. 5	 Gross inco from activity t is not unrelat business inco 	that ted	6. Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
	Enter here and on	Enter here and on							Enter here and

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).			
(1)									
(2)									
(3)									
(4)									
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.			
Totals 🚬 🕨	0.	0.				0.			
Schedule J - Advertising Income (see instructions)									

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►	0.	0.				0.

823732 01-09-19

THE FLORIDA RECREATION AND PARK

Form 990-T (2018) ASSOCIATION, INC. 23-74131

 Part II
 Income From Periodicals Reported on a Separate Basis
 (For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-line basis.)

		, 	1				
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		eadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) FRPA WEBSITE	7,739.	21,092.	-13,353.				
(2)							
(3)							
(4)							
Totals from Part I 📃 🕨 🕨	0.	0.					0
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) 🕨	7,739.	21,092.					0
Schedule K - Compensation	n of Officers, I	Directors, and	Trustees (see in	structions)			
1. Name			2. Title	3. Perce time devo busine	oted to		ensation attributable related business
(1)					%		
(2)					%		
(3)					%		
(4)					%		
Total. Enter here and on page 1, Part II, li	ine 14	•		•			0

23-7413123

Page 5

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/12	221.	0.	221.	221.
06/30/13	9,082.	0.	9,082.	9,082.
06/30/14	8,605.	0.	8,605.	8,605.
06/30/17	12,794.	0.	12,794.	12,794.
06/30/18	3,229.	0.	3,229.	3,229.
NOL CARRYOV	YER AVAILABLE THIS	YEAR	33,931.	33,931.

		Florida Corporate FEIN 23-741 For calendar year 2018			,.	R. 01/19 1019 Rule 12C-1.051 Iorida Administrative Code Effective 01/19 Page 1 of 6
893	30201906300002005037132	374131230000)3			
Name Addre City/S	ss 411 OFFICE PLAZA DR	IVE 301-2756				
-	utation of Florida Net Income Tax Federal taxable income (see instructions) - Attach p State income taxes deducted in computing federal ta	ixable income			-1	3,353.00
3.	(attach schedule) Additions to federal taxable income (from Schedule		Check here if negative Check here if negative			
3. 4.	Total of Lines 1, 2 and 3		Check here if negative	<u>x</u>	-1	3,353.00
4. 5.	Subtractions from federal taxable income (from Sch	edule II)	Check here if negative	<u> </u>		3,931.00
6.	Adjusted federal income (Line 4 minus Line 5)		Check here if negative			7,284.00
7.	Florida portion of adjusted federal income (see instr		Check here if negative			7,284.00
8.	Nonbusiness income allocated to Florida (from Sche					
9.	Florida exemption					0.00
10.	Florida net income (Line 7 plus Line 8 minus Line 9)					0.00
11.	Tax due: 5.5% of Line 10					0.00
12.	Credits against the tax (from Schedule V)					
13.	Total corporate income/franchise tax due (Line 11 m					0.00
14.	a) Penalty: F-2220 b) Other) Other				
	Total of Lines 13 and 14					
16.	Payment credits: Estimated tax payments 16a \$		_			
17	Tentative tax payment 16b \$ Total amount due: Subtract Line 16 from Line 15. If					
17.	If the amount is negative (overpayment), enter on Li		nere and on payment co			0.00
18.	Credit: Enter amount of overpayment credited to ne					0.00
19.	Refund: Enter amount of overpayment to be refunde					
844081	09-17-18					
	Payment Coupor	n for Florida (Corporate lı	ncome Tax	k Return	1019 F-1120
		Do Not	Detach	YEAR ENDING	06/30/19	R. 01/19
	To ensure proper	credit to your account, encl	ose your check with tax			
	THE FLORIDA RECREAT	ION AND PA				
Name			6/30 year end, return i	s due 1st day of the	4th month after the clo	se of the
Addre			axable year, otherwise			

Address City/State/ZIP	411 OFFICE TALLAHASSEE	PLAZA DRIVE :, FL 32301-2756	taxable year, otherwise return is due of the taxable year.	1st day of the 5th month af
2374131	.23	0	0	0
2018070)1	3393100	0	0
2019063	30	-4728400	0	0
0000000	0	0.00000	0	0
012		3393100	0	0
202		0	0	0
-133530	0	0	0	0
0		0	0	0



23-7413123

FEIN

This return is considered incomplete unless a copy of the federal return is attached. If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign here Title EXECUTIVE DIRECTOR Date Signature of officer (must be an original signature) Preparer Preparer's PTIN P00642409 check if self-Preparer's Paid signature Date12/12/19 employed preparers **KEVIN WARREN** only JAMES MOORE & CO., P.L. 59-3204548 Firm's name FEIN 🕨 (or yours if self-employed) 2477 TIM GAMBLE PLACE, SUITE 200 and address TALLAHASSEE, FL ZIP ► 32308-4386 All Taxpayers Must Answer Questions A through M Below - See Instructions YES NO X If yes, provide: State of incorporation: FLORIDA G-2. Part of a federal consolidated return? A. Florida Secretary of State document number: 763321 В. FEIN from federal consolidated return: YES NO X Florida consolidated return? C Name of corporation: NOX Initial return Final return (final federal return filed) G-3. The federal common parent has sales, property, or payroll in Florida? D Principal Business Activity Code (as pertains to Florida) H. Location of corporate books: Ε. 411 OFFICE PLAZA DRIVE 541800 32301-2756 City, State, ZIP: TALLAHASSEE, FL A Florida extension of time was timely filed? YES NO X YES NO X Taxpayer is a member of a Florida partnership or joint venture? F. I. G-1. Corporation is a member of a controlled group? YES NO X If yes, attach list. J. Enter date of latest IRS audit: a) List years examined: Contact person concerning this return: **ELEANOR WARMACK** a) Contact person telephone number: b) Contact person e-mail address: ELEANOR@FRPA.ORG 1120S or 990-T Type of federal return filed 1120 L. Where to Send Payments and Returns **Remember:** Make check payable to and mail with return to: Make your check payable to the Florida Florida Department of Revenue Department of Revenue. 5050 W Tennessee Street Tallahassee FL 32399-0135 Write your FEIN on your check. If you are requesting a refund (Line 19), send your return to: Florida Department of Revenue Sign your check and return. PO Box 6440

Tallahassee FL 32314-6440

Attach a copy of your Florida Form F-7004 (extension of time) if applicable.

Attach a copy of your federal return.

1019 F-1120 R. 01/19 Page 2 of 6 06/30/19



NAME THE FLORIDA RECREATION AND PARK FEIN 23-7413123 TAXABLE YEAR ENDING 06/30/19

Schedule I - Additions and/or Adjustments to Federal Taxable Income				
1. Interest excluded from federal taxable income (see instructions)	1.			
2. Undistributed net long-term capital gains (see instructions)	2.			
3. Net operating loss deduction (attach schedule)	3.			
4. Net capital loss carryover (attach schedule)	4.			
5. Excess charitable contribution carryover (attach schedule)	5.			
6. Employee benefit plan contribution carryover (attach schedule)	6.			
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.			
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.			
9. Guaranty association assessment(s) credit	9.			
10. Rural and/or urban high crime area job tax credits	10.			
11. State housing tax credit	11.			
12. Florida Tax Credit Scholarship Program Credits	12.			
13. Renewable energy tax credits	13.			
14. New markets tax credit	14.			
15. Entertainment industry tax credit	15.			
16. Research and Development tax credit	16.			
17. Energy Economic Zone tax credit	17.			
18. s. 168(k) IRC special bonus depreciation	18.			
19. Other additions (attach schedule)	19.			
20. Total Lines 1 through 19. Enter total on Line 20 and on Page 1, Line 3.	20.			

So	Schedule II - Subtractions from Federal Taxable Income					
1.	Gross foreign source income less attributable expenses					
	(a) Enter s. 78, IRC income \$					
	(b) plus s. 862, IRC dividends \$					
	(c) less direct and indirect expenses \$ Total	1.				
2.	Gross subpart F income less attributable expenses					
	(a) Enter s. 951, IRC subpart F income \$					
	(b) less direct and indirect expenses \$ Total	2.				
Not	e: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.					
3.	Florida net operating loss carryover deduction (see instructions) STATEMENT 1	3.	33,931.00			
4.	Florida net capital loss carryover deduction (see instructions)	4.				
5.	Florida excess charitable contribution carryover (see instructions)	5.				
6.	Florida employee benefit plan contribution carryover (see instructions)	6.				
7.	Nonbusiness income (from Schedule R, Line 3)	7.				
8.	Eligible net income of an international banking facility (see instructions)	8.				
9.	s. 179, IRC expense (see instructions)	9.				
10.	s. 168(k), IRC special bonus depreciation (see instructions)	10.				
11.	Other subtractions (attach statement)	11.				
12.	Total Lines 1 through 11. Enter total on Line 12 and on Page 1, Line 5.	12.	33,931.00			



NAME THE FLORIDA RECREATION AND PARK FEIN 23-7413123 TAXABLE YEAR ENDING 06/30/19

Schedule III - Apportionment of Adjusted Federal Income							
III-A For use by taxpayers doing	III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.						
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHEF (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decir Places	(d) Weight If any factor in Column (b) is zero see note on Pg 9 of the instruction:			
1. Property (Schedule III-B below)				X 25% or			
2. Payroll				X 25% or			
3. Sales (Schedule III-C below)				X 50% or			
4. Apportionment fraction (Sum of I	Lines 1, 2, and 3, Column [e]). Ente	er here and on Schedule IV,	ine 2.		1.000000		
III-B For use in computing aver	age value of property	WIT	HIN FLORIDA	TOTAL E	VERYWHERE		
(use original cost).		a. Beginning of yea	b. End of year	c. Beginning of year	d. End of year		
1. Inventories of raw material, work	in process, finished goods						
2. Buildings and other depreciable	assets						
3. Land owned							
4. Other tangible and intangible (financial o	org. only) assets (attach schedule)						
5. Total (Lines 1 through 4)							
6. Average value of property				-			
a. Add Line 5, Columns (a) and	(b) and divide by 2 (for within Flo	rida) 6a					
b. Add Line 5, Columns (c) and	(d) and divide by 2 (for total every	/where)		6b			
7. Rented property (8 times net ann	nual rent)						
a. Rented property in Florida		7a					
b. Rented property Everywhere)			7b			
8. Total (Lines 6 and 7). Enter on Li	ne 1, Schedule III-A, Columns (a) a	and (b).					
a. Enter Lines 6 a. plus 7 a. and	d also enter on Schedule III-A, Lin	e 1,					
Column (a) for total average	property in Florida	8a.					
b. Enter Lines 6 b. plus 7 b. and	d also enter on Schedule III-A, Lin	e 1,					
Column (b) for total average	property Everywhere			8b			
III-C Sales Factor				(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)		
1. Sales (gross receipts)				N/A			
2. Sales delivered or shipped to Flo	orida purchasers				N/A		
3. Other gross receipts (rents, roya	Ities, interest, etc. when applicabl	e)					
4. TOTAL SALES (Enter on Schedu	le III-A, Line 3, Columns [a] and [b	D					
III-D Special Apportionment Fra	actions (see instructions)		(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ([a] ÷ [b]) Rounded to Six Decimal Places		
1. Insurance companies (attach cop	by of Schedule T - Annual Report)						
2. Transportation services	2. Transportation services						

So	Schedule IV - Computation of Florida Portion of Adjusted Federal Income				
1.	Apportionable adjusted federal income from Page 1, Line 6	1.			
2.	Florida apportionment fraction (Schedule III-A, Line 4)	2.			
3.	Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.			
4.	Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.			
5.	Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.			
6.	Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.			
7.	Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.			
8.	Total carryovers apportioned to Florida (add Lines 4 through 7)	8.			
9.	Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.			



FEIN 23-7413123 TAXABLE YEAR ENDING 06/30/19

Schedule V - Credits Against the Corporate Income/Franchise Tax			
1. Florida health maintenance organization credit (attach assessment notice)	1.		
2. Capital investment tax credit (attach certification letter)	2.		
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.		
4. Community contribution tax credit (attach certification letter)	4.		
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.		
6. Rural job tax credit (attach certification letter)	6.		
7. Urban high crime area job tax credit (attach certification letter)	7.		
8. Hazardous waste facility tax credit	8.		
9. Florida alternative minimum tax (AMT) credit	9.		
10. Contaminated site rehabilitation tax credit (attach tax credit certificate)	10.		
11. State housing tax credit (attach certification letter)	11.		
12. Florida Tax Credit: Scholarship Program Credits. (attach certificate)	12.		
13. Florida renewable energy technologies investment tax credit	13.		
14. Florida renewable energy production tax credit	14.		
15. New markets tax credit	15.		
16. Entertainment industry tax credit	16.		
17. Research and Development tax credit	17.		
18. Energy Economic Zone tax credit	18.		
19. Other credits (attach schedule)	19.		
20. Total credits against the tax (sum of Lines 1 through 19 not to exceed the amount on Page 1, Line 11).			
Enter total credits on Page 1, Line 12	20.		

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

	Туре			Amount
			-	
	Total allocated to Florida		- 1	
	(Enter here and on Page 1, Line 8)			
Line 2.	Nonbusiness income (loss) allocated elsew	vhere		
	Туре	State/country allocated to		Amount
			-	
	Total allocated elsewhere		2.	
Line 3.	Total nonbusiness income Grand total. Total of Lines 1 and 2		3.	
	(Enter here and on Schedule II, Line 7)			



NAME THE FLORIDA RECREATION AND PARK FEIN 23-7413123 TAXABLE YEAR ENDING 06/30/19

		Estimated Tax Worksheet For Taxable Years Beginning On or After J	anuary 1, 2018	
1.	Florida income expected in taxa	ble year		\$ -47,284.00
2.	Florida exemption \$50,000 (Me	nbers of a controlled group, see instructions on Page 14	of	
	Florida Form F-1120N)			\$
З.	Estimated Florida net income (L	ine 1 less Line 2)		
4.	Total Estimated Florida tax (5.59	% of Line 3) \$		
		\$	4.	\$
5.	Computation of installments:			
	Payment due dates and	If 6/30 year end, last day of 4th month,		
	payment amounts:	otherwise last day of 5th month - Enter 0.25 of Lir	ne 4 5a.	
		Last day of 6th month - Enter 0.25 of Line 4		
		Last day of 9th month - Enter 0.25 of Line 4	5c.	
		Last day of fiscal year - Enter 0.25 of Line 4	5d.	
	NOTE: If your estimated tax s below to determine the amen	nould change during the year, you may use the amended ded amounts to be entered on the declaration (Florida Fo	d computation prm F-1120ES).	
1.	Amended estimated tax		1.	\$
2.	Less:			
	(a) Amount of overpayment fro	m last year elected for credit		
	to estimated tax and applie	d to date 2a \$		
	(b) Payments made on estimated t	ax declaration (Florida Form F-1120ES) 2b \$		
	(c) Total of Lines 2(a) and 2(b)			\$
3.	Unpaid balance (Line 1 less Line	e 2(c))		
4.	Amount to be paid (Line 3 divided by number of remaining installments)			

References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at floridarevenue.com/forms.

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated	Rule 12C-1.051, F.A.C.

FL F-1120 NET OPERATING LOSS CARRYOVERS		RYOVERS	STATEMENT 1		
YEAR	APPORTION FACTOR	CURRENT YR NOL/ SECTION 382 LIMIT	NET OPERATING LOSS CARRYOVER	LOSS PREVIOUSLY DEDUCTED	NET LOSS REMAINING
2011	0%	0.	221.	0.	221.00
2012	08	0.	9,082.	0.	9,082.00
2013	08	0.	8,605.	0.	8,605.00
2016	08	0.	12,794.	0.	12,794.00
2017	08	0.	3,229.	0.	3,229.00
TOTAL	NET OPERAT	TING LOSS CARRYO	VER AVAILABLE		33,931.00



THE FLORIDA RECREATION AND PARK ASSOCIAT

1019 F-1120 R. 01/19

	FEIN 23-7413123		
		DATA Page 1 of 2	
237413123	0	0	0
-1335300	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	3393100
0	0	0	0
0	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
0000000	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0



THE FLORIDA RECREATION AND PARK ASSOCIAT

1019 F-1120 R. 01/19

	FEIN23-7413123			
		DATA Page 2 of 2		
237413123	0	0	0	
1.000000	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0.000000	0	0	
0	0.000000	0	0	
0	0	0	0	
0	0.00000	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	