2CONNEPAR

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 2007 Open to Public Inspection

Dep	artment	of the Treasury enue Service	► The organization may have to	efit trust or private fou use a copy of this return	ndation) to satisfy s	state reporting requir	ements.	Open to Public Inspection
A				, and ending				
В	Check if a			,			D Em	ployer identification number
	Address of	change use IRS	Connecticut Recr	eation and P	arks			2-2662056
П	Name cha	label or	Aggogiation Ind			Ī		lephone number
H		type.	Number and street (or P.O. box if mail		dress)	Room/suite		•
Щ	Initial retu	066	1800 Silas Deane	Highway	,	172	F Acc	counting method: Cash
	Terminati	on Specific Instruc-	0.1			1		crual Other (specify)
	Amended		Rocky Hill	CT 06067	7	•	<u> </u>	
$\overline{\Box}$	Annlicatio		Section 501(c)(3) organizations and 4947		ole H and	l are not applicable to se	ection 527	7 organizations.
ш	пррпосио	ponding	trusts must attach a completed Schedul	e A (Form 990 or 990-EZ).	H(a)	Is this a group return for	affiliates	? Yes X No
G	Websi	te: \ www.CI	rpa.com		H(b)	If "Yes," enter number o	f affiliates	· •
J	Organi	ization type			H(c)	Are all affiliates included	l?	Yes No
	(check	only one) ▶ X	501(c) (3) ◄ (insert no.)	4947(a)(1) or 527		(If "No," attach a list. See ins	tructions.)	
Κ	Check h	nere if th	ne organization is not a 509(a)(3) supporting	organization and its gross	H(d)	Is this a separate return	filed by a	ın
			nore than \$25,000. A return is not required, but		3	organization covered by	a group	ruling? Yes X No
	to file a	return, be sure to fil	le a complete return.	Ü		Group Exemption Nu		
		·	·			Check ▶ X if the	organiz	ation is not required
L	Gross		es 6b, 8b, 9b, and 10b to line 1 >	317,02		to attach Sch. B (For		
F	art I	Revenue	e, Expenses, and Changes in I	Net Assets or Fund	d Baland	ces (See the ins	tructic	ons.)
	1	Contributions, g	gifts, grants, and similar amounts receiv	ed:	i i			
	а				1a		_	
	b	Direct public su	pport (not included on line 1a)		1b		_	
	С				1c		_	
	d	Government con	ntributions (grants) (not included on line	e 1a)	1d		_	_
	е		s 1a through 1d) (cash\$)	1e	0
	2	•	e revenue including government fees ar				2	85,425
	3	•		Se	e Sta	tement 1	3	33,900
	4						4	1,695
	5	_	nterest from securities				5	
	6a	Gross rents			6a		-	
	b	Less: rental exp			6b		4 _ 1	
	C		ne or (loss). Subtract line 6b from line 6	a			6c	
ne	7		nt income (describ)			7	
Revenue	8a		rom sales of assets other	(A) Securities	0-	(B) Other	-	
Re		than inventory			8a		-	
			her basis and sales expenses		8b 8c		-	
	C		attach schedule)	D)			8d	
	9	•	and activities (attach schedule). If any a			, 	ou	
		Gross revenue	, ,		DIICUN III	7		
	а		nautad an line 4h		9a	196,002	,	
	b		penses other than fundraising expenses		9a 9b	150,580		
	C		loss) from special events. Subtract line				9c	45,422
	10a		inventory, less returns and allowances		10a			10,122
	b	Less: cost of go			10b			
	C		(loss) from sales of inventory (attach so	hedule) Subtract line 10	1 0 10	e 10a	10c	
	11						11	
	12	,	Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c,				12	166,442
	13						13	37,663
Expenses	14		nd general (from line 44, column (C))				14	97,670
ens	15		U 44 (D)\				15	
Ϋ́	16	Payments to aff		16				
	17	•	s. Add lines 16 and 44, column (A)				17	135,333
ets	18	18 Excess or (deficit) for the year. Subtract line 17 from line 12						31,109
Assets	19		und balances at beginning of year (from				19	191,591
Net A	20	Other changes	in net assets or fund balances (attach e	explanation)			20	
	21	Net assets or fu	und balances at end of year. Combine li	nes 18, 19, and 20			21	222,700
For	Privaction	y Act and Pape	rwork Reduction Act Notice, see the	separate				Form 990 (2007)
DA	1							

Connecticut Recreation and Parks 22-2662056 Form 990 (2007)

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Part II Statement of Functional Expenses organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.) Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising and general 6b, 8b, 9b, 10b, or 16 of Part I. services 22a Grants paid from donor advised funds (attach schedule) non-cash \$ If this amount includes foreign grants, check here 22a **22b**Other grants and allocations (attach schedule) non-cash \$ 22b If this amount includes foreign grants, check here▶ 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 24 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A 25a **b** Compensation of former officers, directors, key employees, etc. listed in 25b Part V-B c Compensation and other distributions, not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)25c 26 Salaries and wages of employees not included on lines 25a, b, and c 59,912 26,960 32,952 26 27 Pension plan contributions not included on lines 25a, b, and c 27 28 Employee benefits not included on lines 25a – 27 28 6,447 2,901 3,546 29 Payroll taxes 29 **30** Professional fundraising fees ______ 30 3,611 3,611 31 Accounting fees 31 32 Legal fees 32 12,619 $\overline{12,619}$ 33 Supplies 33 $4,\overline{186}$ 4,186 34 Telephone 34 $4, \overline{994}$ **35** Postage and shipping 4,994 35 7,024 7,024 36 Occupancy 36 37 Equipment rental and maintenance 37 1,073**38** Printing and publications 697 376 38 2,006 401 1,605 **39** Travel 39 40 Conferences, conventions, and meetings 1,810 1,810 40 41 Interest 41 42 Depreciation, depletion, etc. (attach schedule) 42 **43** Other expenses not covered above (itemize): a See Statement 2 31,651 6,704 24,947 43a 43b 43c c 43d d 43e 43f 43g 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 97,670 135,333 37,663 0 **Joint Costs.** Check if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

If "Yes," enter (i) the aggregate amount of these joint coss ; (ii) the amount allocated to Program services\$

(iii) the amount allocated to Management and gener\$; and (iv) the amount allocated to Fundraisin

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	nat is the organization's primary exempt purpose?		Program Service						
▶	▶ Public Support for parks and recreation								
All (All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number								
of c	f clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)								
org	anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		trusts; but optional for others.)						
а	To promote public awareness of and support for the value of recreation and parks in the lives of individuals. To provide services that contribute to the development of CRPA members.								
	(Grants and allocations \$) If this amount includes foreign grants, check here▶		37,663						
b									
	(Grants and allocations \$) If this amount includes foreign grants, check here▶								
С									
	(Grants and allocations \$) If this amount includes foreign grants, check here▶	Ш							
d									
		$_{\Box}$							
	(Grants and allocations \$) If this amount includes foreign grants, check here▶	Ш							
е	Other program services (attach schedule)	$_{\Box}$							
	(Grants and allocations \$) If this amount includes foreign grants, check here▶	Щ	2= 4::						
	Total of Program Service Expenses (should equal line 44, column (B), Program services)	<u> </u>	37,663						

Form **990** (2007)

	art IV	Balance Sneets (See the Instructions	.)						
	Note:	Where required, attached schedules and amounts wire column should be for end-of-year amounts only.	thin the	e desc	ription		(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing						45	
	46	Savings and temporary cash investments					142,756	46	177,634
			i i						
	47a		47a		1	0,679			
	b	Less: allowance for doubtful accounts	47b				9,330	47c	10,679
	48a	Pledges receivable	48a						
		Less: allowance for doubtful accounts						48c	
	49	Grants receivable						49	
	50a	Receivables from current and former officers, director	rs, trus	tees,	and				
		key employees (attach schedule)						50a	
	b	Receivables from other disqualified persons (as define							
		persons described in section 4958(c)(3)(B) (att. sche	dule) .					50b	
	51a	Other notes and loans receivable (attach	1 1						
ş	_	schedule)	51a						
ssets		Less: allowance for doubtful accounts	51b					51c	
Ä	52	Inventories for sale or use						52	
	53 54a	Prepaid expenses and deferred charges					40.013	53	40.013
	b	securities See Statement			Cost	— г	42,213		42,213
	b	Investments—other securities (attach schedule)		▶ [Cost	FMV _		54b	
	55a	Investments—land, buildings, and	55a						
		equipment: basis	SSA						
	D	Less: accumulated depreciation (attach	EEL					EEo	
	56	schedule)	ววม					55c 56	
	50 57a	Investments—other (attach schedule)	57a					30	
		Less: accumulated depreciation (attach	5/a						
	b		57b					57c	
	58	schedule) Other assets, including program-related investments	3/10					3/0	
	30			58					
	59	(describe ► Total assets (must equal line 74). Add lines 45 throu	194,299		230,526				
	60	Accounts payable and accrued expenses					663	60	5,409
	61	Grants payable		61	3,103				
	62	Deferred revenue						62	
Ş	63	Loans from officers, directors, trustees, and key emp							
w		schedule)	•	`				63	
abiliti	64a	Tax-exempt bond liabilities (attach schedule)						64a	
Ë	b	Mortgages and other notes payable (attach schedule)						64b	
	65	Other liabilities (describe See Statemer	ıt 4	 :)	2,045	65	2,417
							-		
	66	Total liabilities. Add lines 60 through 65					2,708	66	7,826
	Orga	nizations that follow SFAS 117, check here X a	nd com	plete	lines				
'n		67 through 69 and lines 73 and 74.							
ë	67	Unrestricted					191,591	67	222,700
<u>a</u>	68	Temporarily restricted						68	
<u>~</u>	69	Permanently restricted						69	
Ĕ	Orga	inizations that do not follow SFAS 117, check her	· 📙 :	and					
Ē		complete lines 70 through 74.							
Net Assets or Fund Balances	70							70	
set	71	Paid-in or capital surplus, or land, building, and equip						71	
As	72	Retained earnings, endowment, accumulated income						72	
Set	73	Total net assets or fund balances. Add lines 67 thr	-						
_		70 through 72. (Column (A) must equal line 19 and c	olumn	(B) m	ust		101 501		000 500
		equal line 21)					191,591		222,700
	74	Total liabilities and net assets/fund balances. Add	lines 6	6 and	173		194,299	74	230,526

FUIII	1990 (2007) COMMECCICUC RECIERCION AND PAIRS	22-20020		raye s
Pa	irt IV-A Reconciliation of Revenue per Audited Financial Sta	tements With I	Revenue per Return	(See the
	instructions.)			
а	Total revenue, gains, and other support per audited financial statements		a	166,442
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):			
		b4		
	Add lines b1 through b4		b	
С	Subtract line b from line a		С	166,442
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):			
	Add lines d1 and d2		d	
е	Total revenue (Part I, line 12). Add lines c and d		▶ e	166,442
Pa				'n
а	Total expenses and losses per audited financial statements		a	135,333
b	Amounts included on line a but not Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):			
	Add lines b1 through b4		b	
С	Subtract line b from line a		с с	135,333
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):			
	Add lines d1 and d2			
е	Total expenses (Part I, line 17). Add lines c and d		▶ e	135,333

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Nam	ne and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
John P. Silsby	Groton	President			
45 Fort Hill Road	CT 06340	0	0	0	0
Mary K. Hill	Groton	PresElect			
295 Meridian Street	CT 06340	0	0	0	0
Anna Park	Glastonbury	Secretary			
2155 Main Street	CT 06033	0	0	0	0
Jason Cohen	Colchester	Treasurer			
127 Norwich Avenue	CT 06415	0	0	0	0
		1	ı	1	

this return? b If "Yes," has it filed a tax return on Form 990-T for this year? 78b 78b 78b 78c 78c 78c 78c 78c	orm	990 (2007) Connecticut Recreation and Parks	22-2662	056			F	age 6
beerlangs be Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II-A or II-B, related to each other through family or business relationship? If "Yes," attach a statement that includes more devined to each other through family or business compensated employees listed in Schedule A, Part II, A or II-B, received to each other through family or business relationship? If "Yes," attach a statement that includes more devined from any other corpanizations, whether tax exempt or travable, that are related to the organization from any other organizations, whether tax exempt or travable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions for the definition of "related organization." Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Bene (if any former officer, director, trustees, or expendyto exceeded compensation or other benefits in the appropriate oblewly during the year, list the person below and enter the amount of compensation or other benefits in the appropriate oblewly during the year, list the person below and enter the amount of compensation or other benefits in the appropriate oblewly during the year, list the person below and enter the amount of compensation or other benefits in the appropriate oblewly during the year, list the person below and enter the amount of compensation or other benefits in the appropriate oblewly during the year. It is the person below and enter the amount of compensation or other benefits in the appropriate oblewly during the year. It is the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions. Part VI	Pa	rt V-A Current Officers, Directors, Trustees, and Key Emp	loyees (continu	ed)			Yes	No
b Are any officers, directors. Irustoes, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If Yes, "attach a statement that identifies the individuals and explains the relationships? If Yes," attach a statement that identifies the individuals and explains the relationships? Z D oany officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax everage to taxable, that are related to the organization? See the instructions for the definition of "related organization." If Yes, "attach a statement that includes the information described in the instructions. Does the organization have a written conflict of interest policy? Fart VII Transport of the Part VII Transport of the Par	75a	Enter the total number of officers, directors, and trustees permitted to vote on organization	ganization business a	at board				
employees listed in Schedule A, Part I, or highest componsated professional and other independent steed in Schedule A, Part I, or highest componsated professional and other independent componsated employees listed in Schedule A, Part II, or highest componsated professional and other independent contractors listed in Schedule A, Part II, or highest componsated professional and other independent contractors listed in Schedule A, Part II, or highest componsated professional and other independent contractors listed in Schedule A, Part II, or highest componsated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of related organization. If yet a subject to the definition of related organization. If yet a subject is the definition of related organization. If yet a subject is the definition of related organization. If yet a subject is the definition of related organization or organization and the instructions. Part VIII. Part VIII Other Information (See the instructions.) Visable Visabl		~						
contractors listed in Schedule A, Part II A or II-B, related to each ether through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s). Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or highest compensation from any other organizations, whether tax exempt or taxable, that are related to the organization from any other organization of "related organization." To be the definition of "related organization" and the instructions. 4 Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year. Ist the person ballow and enter the amount of compensation or other benefits in the appropriate column. See the instructions. (A) Name and address (B) Loris and Advantes (B) Compensation (Compensation or Other Benefits (described below) during the year. Ist the person ballow and enter the amount of compensation or other benefits in the appropriate column. See the instructions of the person ballow and enter the amount of compensation or other benefits in the appropriate column. See the instructions of the decidence of the compensation of the benefits (described below) during the year. Ist the person ballow and enter the amount of compensation or other benefits in the appropriate column. See the instructions of the compensation of the instructions of the compensation of the instructions of the compensation of the instructions. (A) Name and address (B) Compensation or the instruction of the instruction of the compensation or the instructions of the compensation or the instructions of the compensation or the	b			ensated				
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other organizations, whether tax exempt or taxable, that are related to the organization from any other organization of "related organization." If "Yes," attach a statement that includes the information described in the instructions of the definition of "related organization." Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Bene (if any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions. (A) Name and address (B) Loans and Advance (C) Compensation (C) Combustons (C) Com		• • • • • • • • • • • • • • • • • • • •	•					
C Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II. A or highest compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions. Part VB Former Officer, furector, trustees, and Key Employees That Received Compensation or Other Benefit (I'm) former officer, director, trustees, and Key Employees That Received Compensation or Other Benefit (I'm) former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions (A) Name and address (B) Less and Advances (B) Less and Advances (B) Corresponding (D) Combissions of the described below) during the year, list the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions (B) Less and Advances (C) Corresponding (D) Combissions (B) Less and Advances (B) Less and Advances (C) Corresponding (D) Combissions (E) Expense (C) Corresponding (D) Combissions (E) E								37
compensated employees listed in Schedule A, Part II-A or II-Bs, receive compensation from any other organizations, whether tax exempt or travelle, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement of each change Part VI Other Information (See the instructions.) Total Times and address Receive compensation from any other organization from the definition of the state of the instructions. Total X Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Less and Advences (C) Composition (II) Composition (II) Composition (II) Composition (III) (Inclused) (C)		relationships? If "Yes," attach a statement that identifies the individuals and expla	ins the relationship(s	5)		75b		X
compensated employees listed in Schedule A, Part II-A or II-Bs, receive compensation from any other organizations, whether tax exempt or travelle, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement of each change Part VI Other Information (See the instructions.) Total Times and address Receive compensation from any other organization from the definition of the state of the instructions. Total X Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Less and Advences (C) Composition (II) Composition (II) Composition (II) Composition (III) (Inclused) (C)	•	Do any officers, directors, trustees, or key employees listed in Form 000. Bort V	A or highest					
independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions. If yes," attach a statement that includes the information described in the instructions. Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Bene (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions. If yes any the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions of the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions of the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions. If yes and Advances (If you proposed to the instructions) (If you pr	C							
organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," tatach a statement that includes the information described in the instructions. If "Yes," tatach a conformed copy of the change. Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (described below) during the year, list the person below and enter the amount of compensation or other benefits in the appropriate column. See instructions.								
the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions. d Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Bene organization have a written conflict of interest policy? (If any former officer, director, trustee, or key employee received compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (B) Loans and Advances (C) Compensation (C) Compensat				s for				
If "Yes," attach a statement that includes the information described in the instructions. Total X X Total X Total X Total X Total X Total X X Total X Total X Total X Total X Total X X Total X Total X Total X Total X Total X X Total X Total X Total X Total X Total X X Total X Total X Total X Total X Total X X Total X Total X Total X Total X Total X X Total X Total X Total X Total X Total X X Total X Total X Total X Total X Total X X Total X Total X Total X Total X Total X X Total X Total X Total X Total X Total X X Total X Total X Total X Total X Total X X Total X Total X Total X Total X Total X X Total X Total X Total X Total X Total X X Total X Total X Total X Total X Total X X Total X Total X Total X Total X Total X X Total X Total X Total X Total X Total X X Total X T		the definition of "related organization"				75c		X
Does the organization have a written conflict of interest policy? Part V-B Form Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (described below) during the year, list the person below and enter the amount of compensation or other benefits (described below) during the year, list the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (D) Contributors to exploye special enter -0-1 compensation plans All officers (First paid, enter -0-1) compensation plans All officers (Firs								
Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Bene (If any former officer director, trustee, or key employee received compensation or adher benefits (described below) during the year, list the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Lears and Advances (C) Compensation (D) Combustors (B) Compensation (D) Combustors (D) C	d					75d		X
(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Lears and Advances (G) Compensation (In pad, other line) (inter-4) (inter		rt V-B Former Officers, Directors, Trustees, and Key Emp	loyees That Red	ceived Con	npensation of		ther	Bene
(A) Name and address (B) Loans and Advances (G) Compensation (G) Contributions to end of the property of the property of the compensation dans N/A Part VI Other Information (See the instructions.) Part VI Other Information (See the instructions.) Yes No 10 the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change Yes No 11 the organization and the organization or property of the changes. 12 the return of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 13 the organization of the organization or property of the changes. 14 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 15 Yes No 16 Data and Advances (G) Compensation (G) Contributions of conductions of conducting activities? If "Yes," attach a conformation of conducting activities? If "Yes," attach a conformation of the changes. 16 Expense of contributions of conductions of conducting activities? If "Yes," attach a conformation of conducting activities? If "Yes," attach a conduction of conducting activities? If "Yes," attach a conductin								
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Part VI Other Information (See the instructions.) **But VI Other Information (See the instruction of conducting the year of the y		(A) Ivalile and addless	(B) Loans and Advances	enter -0-)	plans & deferred compensation plans			
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loa Is the organization related (other than by association with a statewide or nationwide organization) through								32
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appropriate the second problem of the second	sua	· · · · · · · · · · · · · · · · · · ·	•	ugh				
common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt						00-		v
organization? 80a X	L					συa		Λ
b If "Yes," enter the name of the organization▶	Ø	ii res, enter the name of the organization▶	acthor it is a system	nt or	ovompt			
and check whether it is exempt or nonexempt Bla Enter direct and indirect political expenditures. (See line 81 instructions.) Bla 0	212	Enter direct and indirect political expanditures. (See line 91 instructions.)	exem	proni ∐ non Naj				
b Did the organization file Form 1120-POL for this year?				•	N/A	81h		

Pa	art VI Other Information (continued)			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at r	no charge			
	or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this				
	amount as revenue in Part I or as an expense in Part II.	1			
	(See instructions in Part III.)	82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption approximation approximation approximation approximation and exemption approximation approx	oplications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contribution	ns? N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contri				
	gifts were not tax deductible?		84b	ــــــ	
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	85a		
b		N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the	organization			
	received a waiver for proxy tax owed for the prior year.				
С	Dues, assessments, and similar amounts from members		_		
d	Section 162(e) lobbying and political expenditures		_		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		_		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		_		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures f				
	following tax year?	N/A	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		_		
b	Gross receipts, included on line 12, for public use of club facilities		4		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other				
	sources against amounts due or received from them.)	87b	4		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corpo				
	partnership, or an entity disregarded as separate from the organization under Regulations section	ns			
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a	₩	X
b		nin the			3.7
00-	meaning of section 512(b)(13)? If "Yes," complete Part XI	······	88b		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under				
L	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 495				
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit tra-				
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes		89b		v
•	a statement explaining each transaction Enter: Amount of tax imposed on the organization managers or disqualified		090	-	_ A
·	i i i i i i i i i i i i i i i i i i i	▶ 0			
d	persons during the year under sections 4912, 4955, and 4958 Enter: Amount of tax on line 89c, above, reimbursed by the organization	····· $\sum_{i=1}^{n} \frac{1}{n}$			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax	shelter			
C	transaction?		89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insura		89f	+	X
g g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did		001		
9	supporting organization, or a fund maintained by a sponsoring organization, have excess business				
		•	89g		X
90a	The state of the s			•	
b	Number of employees employed in the pay period that includes March 12, 2007 (See				
	instructions.)	90b			2
91a	instructions.) The books are in care of ► Alison Harle	Telephone no. ▶ 860-	-721	-03	384
u	1800 Silas Deane Hwy Suite 172		. :		: . T .
	Looded at N. Doglers Hill CT	ZIP + 4 ▶ 06067			
b	At any time during the calendar year, did the organization have an interest in or a signature or other.				
~	over a financial account in a foreign country (such as a bank account, securities account, or other			Yes	No
	2000/104/2		91b	+	X
	If " Vog " optor the name of the foreign countril.		3.3		1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Form TD F 90-22.1 , Report o				
	and Financial Accounts	- 			

Form 990 (2007) Connecticut Recreation and Parks 22-2662056

Page 7

	07) Connecticut Re		and Parl	cs 22-26	662056	5			age 8
Part VI	Other Information (CO)							Yes	No
c At any t	ime during the calendar year, did	the organization main	itain an office o	outside of the United	States?		91c		X
	' enter the name of the foreign cou						Ē		_
2 Section	4947(a)(1) nonexempt charitable	trusts filing Form 990) in lieu of For i	m 1041— Check he	re				▶ _
	er the amount of tax-exempt interes					▶ 92			
Part VII	Analysis of Income-Pr	oducing Activit	ies (See th	e instructions.)	1				
_	ross amounts unless otherwise	-		d business income		by section 512, 513, or 514	(Rela	E) ited or	
ndicated.			(A) Business code	(B) Amount	(C) Exclusion	(D) Amount	exempt		on
•	n service revenue:	-			code			ome	405
	Statement 5						8	35,4	<u> </u>
-					+				
_ '									
d									
e f Medicar	re/Medicaid payments								
	nd contracts from government age	ncies							
g Fees ar 94 Membe	rship dues and assessments				+		3	33,9	<u> </u>
95 Interest	on savings and temporary cash in	vestments			1			1,6	
					1			-/	<u></u>
	tal income or (loss) from real estat	e:							
	. ,								
	t-financed property								
98 Net rent	tal income or (loss) from personal	property							
00 Gain or	(loss) from sales of assets other t	han inventory							
01 Net inco	ome or (loss) from special events						4	٤5 , 4	122
02 Gross p	profit or (loss) from sales of inventor	ory							
03 Other re	evenue: a								
b									
c									
d									
е									4 4 0
04 Subtota	I (add columns (B), (D), and (E))					0	16	6,4	<u> </u>
05 Total (a	add line 104, columns (B), (D), and	d (E))				🟲	Т6	6,4	<u> </u>
	5 plus line 1e, Part I, should equa			t of Evennt Di		(Caa tha inatrust	iona \		
Part VIII				-		•			
Line No. ▼	Explain how each activity for your of the organization's exempt p					ortantly to the accomp	olistiment		
<u> </u>	See Statement 6		.,,		,				
	Bee Beatement 0								
Part IX	Information Regarding	Taxable Subsi	diaries and	d Disregarded I	Entities	(See the instruct	ions.)		
	(A) dress, and EIN of corporation,	(B) Percentage of		(C)		(D) Total income	(E)	
name, ad partnei	rship, or disregarded entity	ownership interes	it	ature of activities		rotal income	End-of ass	-year ets	
N/A			%						
			%						
			%						
			%						
Part X	Information Regarding	Transfers Ass	ociated wit	h Personal Be	nefit Co	ntracts (See the	instruc	tions	3.)
	ne organization, during the year, re	•	-					s X	
	ne organization, during the year, pa			on a personal benefi	t contract?		. ∐ Ye	s X	No
Note: If "	Yes" to (b), file Form 8870 and Fo	orm 4720 (see instruc	ctions).						

Form **990** (2007)

Information Regarding Transfers To and From Controlled Entities. Complete only if the organization Part XI is a controlling organization as defined in section 512(b)(13). No Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of 106 X the Code? If "Yes," complete the schedule below for each controlled entity (C) (D) Name, address, of each **Employer ID Description of** Amount of transfer controlled entity Number transfer **Totals** Yes No 107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity, X (C) (A) (D) Name, address, of each **Employer ID** Description of Amount of transfer controlled entity Number transfer **Totals** Yes No 108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? 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. **Please** Sign Signature of officer Date Here Type or print name and title Preparer's SSN or PTIN Date Check if Preparer's (See Gen. Instr. X) **Paid** selfsignature P00479486 CARL A. CASTANHO, CPA employed Preparer's CASTANHO FINANCIAL GROUP 06-1408160 FIN

Form **990** (2007)

860-289-2777

Phone

no. 🕨

Use Only

Firm's name (or yours

address, and ZIP + 4

if self-employed),

1622

MAIN STREET

CT

06108

EAST HARTFORD,

SCHEDULE A (Form 990 or 990-EZ

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the orga	nization icut Recreation and Parks Association		Employer identification number 22-2662056		
Part I	Compensation of the Five Highest Paid Employe (See page 1 of the instructions. List each one. If			s, and Trus	tees
	(a) Name and address of each employee paid more than \$50,000	(b) Title and average hour per week devoted to position	S (2) Common tion	(d) Contributions to empl. benefit plans & deferred comp.	(e) Expense account and other allowances
NONE					
	of other employees paid over \$50,000				
Part II-A	Compensation of the Five Highest Paid Independ (See page 2 of the instructions. List each one (w				enter "None
	(a) Name and address of each independent contractor paid more than \$		(b) Type of s) Compensation
NONE					
Total number o	of others receiving over \$50,000 for				
professional se	ervices				
Part II-B	Compensation of the Five Highest Paid Independ (List each contractor who performed services oth firms. If there are none, enter "None." See page 2	ner than professiona 2 of the instructions	I services, wh .)	ether indivi	
	(a) Name and address of each independent contractor paid more than \$	\$50,000	(b) Type of s	ervice (c) Compensation
NONE					
Total number o \$50,000 for oth	of other contractors receiving over				

	edule A (Form 990 or 990-EZ) 2007CONNECTICUT RECREATION and Parks 22-2662056		<u> </u>	age 2
P	art III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	. 1		х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a		x
b	Lending of money or other extension of credit?	2b		х
С	Furnishing of goods, services, or facilities?	. 2c		x
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		x
е	Transfer of any part of its income or assets?	2e		х
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		x
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		x
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		x
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		х
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		х
b	Did the organization make any taxable distributions under section 4966?	. 4b		<u> </u>
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		<u> </u>
d	Enter the total number of donor advised funds owned at the end of the tax year			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		C)
~	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tay year			0

A ch A sci A ho A fec A me And An o (Also A fec A me An o	pre organization is not a private foundation be burch, convention of churches, or association that normally receives a substate burganization that normally receives: (1) more activities related to its charitable, etc., fundational forganization after June 30, 1975. See section 509(a)(3). Check the burganization that is not controlled by any distirements of section 509(a)(3). Check the burganization that is not controlled by any distirements of section 509(a)(3). Check the burganization that is not controlled by any distirements of section 509(a)(3). Check the burganization of the propertion of the p	lete Part V.) ganization. Section 170 mental unit. Section 170 mental u	on 170(b)(1)(A)(i). O(b)(1)(A)(iii). 70(b)(1)(A)(v). ital. Section 170(b)(1)(A)(a). The dor operated by a good of the from a governmental and	A)(iii). Enter to expression with a substitution of the expression	nit. Section 170(b he general public. rship fees, and gr n 33 1/3% of its s sses acquired by /-A.)	o)(1)(A)(iv). Section coss receipts support the
A hoo A fect A me and An o (Also I a A no 170() An o from from organ An o	pospital or a cooperative hospital service orgoderal, state, or local government or go	panization. Section 170 mental unit. Section 1 conjunction with a hosp college or university own IV-A.) cantial part of its suppo Schedule in Part IV-A. Also complete the Sup ore than 33 1/3% of its actions-subject to certa cousiness taxable incom 509(a)(2). (Also comp	rt from a governmental .) port Schedule in Part support from contributain exceptions, and (2) ne (less section 511 tax lete the Support Schedule mer than foundation man	unit or from the IV-A.) tions, member no more than the in Part IV magers) and of the interval	nit. Section 170(b he general public. rship fees, and gr n 33 1/3% of its s sses acquired by /-A.)	o)(1)(A)(iv). Section coss receipts support the
A fector A mediand and and and and and and and and and	deral, state, or local government or governm	onjunction with a hosp	rt from a governmental .) port Schedule in Part support from contributain exceptions, and (2) ne (less section 511 tax lete the Support Schedule mer than foundation man	unit or from the IV-A.) tions, member no more than the in Part IV magers) and of the interval	nit. Section 170(b he general public. rship fees, and gr n 33 1/3% of its s sses acquired by /-A.)	o)(1)(A)(iv). Section coss receipts support the
A me and An o (Also a An o 170() b A co X An o from from organ	state organization operated for the benefit of a concomplete the Support Schedule in Part organization that normally receives a substantial of the Support Schedule in Part organization that normally receives a substantial organization that normally receives a substantial organization that normally receives a substantial organization that normally receives: (1) more activities related to its charitable, etc., funding gross investment income and unrelated by any dispreparation that is not controlled by any dispreparation that is not controlled by any dispreparation.	onjunction with a hosp onjunction with a hosp onlege or university own IV-A.) antial part of its suppo Schedule in Part IV-A Also complete the Sup ore than 33 1/3% of its nctions-subject to certa ousiness taxable incom 509(a)(2). (Also comp	ital. Section 170(b)(1)(a) med or operated by a go rt from a governmental a.) port Schedule in Part a support from contribute ain exceptions, and (2) ne (less section 511 tax lete the Support Sche mer than foundation man	unit or from the IV-A.) tions, member no more than the in Part IV magers) and of the interval	nit. Section 170(b he general public. rship fees, and gr n 33 1/3% of its s sses acquired by /-A.)	o)(1)(A)(iv). Section coss receipts support the
and	organization operated for the benefit of a coop complete the Support Schedule in Part organization that normally receives a substate (b)(1)(A)(vi). (Also complete the Support Schedule in Part organization that normally receives a substate organization that normally receives: (1) more activities related to its charitable, etc., fund a gross investment income and unrelated by an initiation after June 30, 1975. See section sorganization that is not controlled by any disconsistent.	ollege or university own IV-A.) cantial part of its suppo Schedule in Part IV-A. Also complete the Supore than 33 1/3% of its actions-subject to certa ousiness taxable incom 509(a)(2). (Also complete designs of the sequalified persons (otherwise)	rt from a governmental .) port Schedule in Part support from contribut ain exceptions, and (2) ne (less section 511 tax lete the Support Sche mer than foundation man	unit or from the IV-A.) tions, member no more than the in Part IV magers) and of the interval	nit. Section 170(b he general public. rship fees, and gr n 33 1/3% of its s sses acquired by /-A.)	o)(1)(A)(iv). Section coss receipts support the
An o (Also Ia An o 170()	organization operated for the benefit of a concomplete the Support Schedule in Part organization that normally receives a substant (b)(1)(A)(vi). (Also complete the Support Schedule in Part organization that normally receives: (1) more activities related to its charitable, etc., funding gross investment income and unrelated by any discognization that is not controlled by any	antial part of its suppo Schedule in Part IV-A. Also complete the Supore than 33 1/3% of its actions-subject to certa business taxable incomp 509(a)(2). (Also comp	ort from a governmental .) oport Schedule in Part is support from contribute ain exceptions, and (2) the (less section 511 tax lete the Support Schemer than foundation man	unit or from the IV-A.) tions, member no more than the from busines dule in Part IV magers) and of	he general public. This fees, and grain 33 1/3% of its sees acquired by 7-A.)	oss receipts apport the
(Also	organization that normally receives a substant (b)(1)(A)(vi). (Also complete the Support S community trust. Section 170(b)(1)(A)(vi). (An organization that normally receives: (1) more activities related to its charitable, etc., fund a gross investment income and unrelated by any discognization that is not controlled by any discognization that the c	antial part of its suppo Schedule in Part IV-A. Also complete the Supore than 33 1/3% of its actions-subject to certa business taxable incomp 509(a)(2). (Also comp	ort from a governmental .) oport Schedule in Part is support from contribute ain exceptions, and (2) the (less section 511 tax lete the Support Schemer than foundation man	unit or from the IV-A.) tions, member no more than the from busines dule in Part IV magers) and of	he general public. This fees, and grain 33 1/3% of its sees acquired by 7-A.)	oss receipts apport the
170(lib A col	(b)(1)(A)(vi). (Also complete the Support S community trust. Section 170(b)(1)(A)(vi). (A preparation that normally receives: (1) mo an activities related to its charitable, etc., fund a gross investment income and unrelated by an initiation after June 30, 1975. See section so organization that is not controlled by any discontinuation.	Schedule in Part IV-A. Also complete the Supore than 33 1/3% of its actions-subject to certa business taxable incompletes to the subject to complete the subject to complete the subject to complete the subject to the subject to certa business taxable incomplete the subject to	pport Schedule in Part support from contribut ain exceptions, and (2) the (less section 511 tax lete the Support Sche ther than foundation man	IV-A.) tions, member no more than t) from businer dule in Part IV	rship fees, and gr n 33 1/3% of its s sses acquired by /-A.)	oss receipts support the
X An o from from organ	organization that normally receives: (1) mo a activities related to its charitable, etc., fund gross investment income and unrelated by anization after June 30, 1975. See section to organization that is not controlled by any dispressions.	ore than 33 1/3% of its actions-subject to certa business taxable incomp 509(a)(2). (Also comp	s support from contributain exceptions, and (2) ne (less section 511 tax lete the Support Sche	tions, member no more than t) from busined dule in Part IV	n 33 1/3% of its s sses acquired by /-A.)	support the
from from organ	n activities related to its charitable, etc., fun n gross investment income and unrelated by unization after June 30, 1975. See section sorganization that is not controlled by any dis	nctions-subject to certa business taxable incom 509(a)(2). (Also comp squalified persons (oth	ain exceptions, and (2) ne (less section 511 tax lete the Support Sche ner than foundation man	no more than i) from busine dule in Part IV nagers) and o	n 33 1/3% of its s sses acquired by /-A.)	support the
_				- :	therwise meets th	ne
	Type I Type II	Type III-Functionally Ir	ntegrated Typ	oe III-Other		
	Provide the following inform	nation about the sup	ported organizations.			s.)
	(a)	(b)	(c)		d)	(e)
Name	e(s) of supported organization(s)	Employer	Type of		upported	Amount of
		identification	organization	_	ion listed in	support
		number (EIN)	(described in lines 5 through 12		pporting	
			above or IRC section)	_	zation's documents?	
				Yes	No	
tal					<u></u>	

Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in) (a) 2006 **(b)**2005 (c) 2004 (d) 2003 (e) Total Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 30,450 39,203 36,465 32,505 138,623 16 Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the 84,212 122,625 13,305 82,297 302,<u>439</u> organization's charitable, etc., purpose ... Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the 1,576 3,167 2,809 5,168 12,720 organization after June 30, 1975 Net income from unrelated business activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on 0 its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets 162,257 48,619 117,915 453,782 Total of lines 15 through 22 40,779 39,632 $35,31\overline{4}$ 35,618 24 Line 23 minus line 17 1,250 1,623 1,179 25 Enter 1% of line 23 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a 0 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26b c Total support for section 509(a)(1) test: Enter line 24, column (e) 26c d Add: Amounts from column (e) for lines: 18 19 26d e Public support (line 26c minus line 26d total) 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) 0 (2004) 0 (2003) b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: Add: Amounts from column (e) for lines: 17 **302,439** 20 441,062 27c **d** Add: Line 27a total and line 27b total 27d 441,062 e Public support (line 27c total minus line 27d total) 27e f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 453,782 g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 97.1969% 27g h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 2.8031% Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, Yes 29 No other governing instrument, or in a resolution of its governing body? 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its 30 brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If "Yes," please describe: if "No." please explain, (If you need more space, attach a separate statement.) Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 33a Admissions policies? Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? Educational policies? 33e Use of facilities? 33f 33g Athletic programs? Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency? **b** Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05

of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

	Expenditu	ıres by Electi	ng Public Charit gible organizatio	ies (See	page	11 of the			
		to an affiliated gro						d con	trol" provisions apply.
		obbying Expe		<u> </u>	you che	Affiliated total	1)	u con	(b) To be completed for all electing organizations
· · · · · · · · · · · · · · · · · · ·			s paid or incurred.)						organizations
36 Total lobbying expenditures	to influence pu	ıblic opinion (gras	sroots lobbying)		36				
37 Total lobbying expenditures	to influence a	legislative body (d	irect lobbying)		37				
38 Total lobbying expenditures	(add lines 36 a	and 37)			38				
39 Other exempt purpose expe	nditures				39				
10 Total exempt purpose exper	nditures (add li	nes 38 and 39)			40				
11 Lobbying nontaxable amoun									
If the amount on line 40 is	-	The lobbying n	ontaxable amount is	-					
Not over \$500,000		20% of the amount	t on line 40						
Over \$500,000 but not over \$1,0	000,000	\$100,000 plus 15%	of the excess over \$500	,000					
Over \$1,000,000 but not over \$1	,500,000	\$175,000 plus 10%	of the excess over \$1,00	00,000	41				
Over \$1,500,000 but not over \$1	7,000,000	\$225,000 plus 5%	of the excess over \$1,500	0,000					
Over \$17,000,000		\$1,000,000							
12 Grassroots nontaxable amo	unt (enter 25%	of line 41)			42				
43 Subtract line 42 from line 36	6. Enter -0- if li	ne 42 is more thar	n line 36		43				
14 Subtract line 41 from line 38	3. Enter -0- if li	ne 41 is more thar	n line 38		44				
Caution: If there is an amou	unt on either lin	ne 43 or line 44, yo	ou must file Form 4720).					
		4-Year Aver	aging Period Un	der Secti	ion 50	1(h)			
(Some	organizations		on 501(h) election do r				ve colum	nns be	elow.
	See	the instructions for	or lines 45 through 50	on page 13	of the i	nstructions.)		
			Labbada San			V A	! D	!1	
			Lobbying Expe	enaitures D	uring 4	- Year Aver	aging Pe	erioa	
Calendar year (or		(a)	(b)	(c))		(d)		(e)
fiscal year beginning in) ▶	•	2007	2006	200)5	2	2004		Total
15 Lobbying nontaxable amoun	t								
16 Lobbying ceiling amount (15	60% of								
line 45(e))									
17 Total lobbying expenditures									
48 Grassroots nontaxable amo	unt								
49 Grassroots ceiling amount (150% of								
line 48(e))									
50 Grassroots lobbying expend									
			g Public Charitie						
(For repo	rting only b	y organizatio	ns that did not co	omplete F	Part V	I-A) (See	page	<u>14 c</u>	of the instruction ≸ A
During the year, did the organiza	ation attempt to	o influence nationa	al, state or local legisla	ition, includir	ng any		Yes	No	Amount
attempt to influence public opini	•						. 03		runyunt
a Volunteers									
b Paid staff or management	(Include comp	ensation in expen	ises reported on lines	c through h .	.)				
c Media advertisements									
d Mailings to members, legis	slators, or the	public							
 Publications, or published 	or broadcast s	statements							
f Grants to other organization	ons for lobbyin	g purposes							
g Direct contact with legislat	tors, their staff	s, government offi	icials, or a legislative b	ody					
h Rallies demonstrations s					-				

Pai	rt VII	Information	Regarding	Transfers	To and	Transac	ctions a	nd Rela	tionship	s With	Nonchari	table
		Exempt Org	anizations	(See page	14 of th	ne instru	ctions.)					
51	Did the re	porting organization	on directly or ind	directly engag	e in any of	the following	ng with any	y other org	ganization	described	in section	

	501(c) of the	e Code (other than sec	ction 501(c)	(3) organizations) or in section	527, relating to political organizations?						
а					noncharitable exempt organiza			Yes	No			
	(i) Cash											
							51a(i) a(ii)		X			
h	Other	tranes	actions:				u(1.)					
b	(i) Sales or exchanges of assets with a noncharitable exempt organization											
	···· - · · · · · · · · · · · · · · · ·											
	(ii)	Purch	ases of assets from a	noncharitat	ble exempt organization		b(ii)		X			
	(iii)	Renta	of facilities, equipmen	nt, or other a	assets		b(iii)		X			
	(iv)	Reimb	ursement arrangemer	nts			b(iv) b(v)		X			
	(v) Loans or loan guarantees											
	(vi)	Perfor	mance of services or	membership	o or fundraising solicitations		b(vi)		X			
С	Sharii	ng of fa	acilities, equipment, m	ailing lists, d	other assets, or paid employees	S	С		X			
d	If the	answe	r to any of the above i	s "Yes," cor	mplete the following schedule. (Column (b) should always show the fair market value	of the					
	goods	s, other	assets, or services g	iven by the	reporting organization. If the or	ganization received less than fair market value in any						
	transa	action o	or sharing arrangemer	nt, show in o	column (d) the value of the goo	ds, other assets, or services received:						
	(a)		(b)		(c)	(d)						
	Line no	Э.	Amount involved	Name o	f noncharitable exempt organization	Description of transfers, transactions, and sharing	ng arrang	ements	3			
N/	Α											
	_											
52a	Is the	organi	ization directly or indire	ectly affiliate	ed with, or related to, one or mo	re tax-exempt organizations						
 -						ection 527?	☐ Y4	es X	No			
b			nplete the following sc		1 11411 30011011 301 (3)(3)) 31 111 3	OUIGH 027.	□ .,		<u>,</u>			
	11 10	3, 0011	(a)	ricadic.	(b)	(c)						
		Ν	lame of organization		Type of organization	Description of relationship						
	N/A				71 0	<u> </u>						
	N/A											
				-								

2CONNEPAR								
Form 990			SI	pecial Events	Schedule			2007
		For calendar year 2	2007, or tax year b	eginning	, and er	nding		
Name							Employer Ide	entification Number
		Recreation	on and Pai	cks				
Associat	ion	, Inc.					22-266	2056
			(A)	(B)	(C)	Other	s	Total
Gross receipts		1	.95,266	736	0		0	196,002
Less contribution	ons		0	0	0		0	0
Gross revenue		1	.95,266	736	0		0	196,002
Less direct exp	enses		49,917	663	0		0	150,580
Net income (loss))		45,349	73	0		0	45,422
Description: (A	A)	Six Fla	gs/Lake C	ompounce				
(I	B)	Basketb	all Hall	of Fame				
((C)							
C	Others							

FYE: 12/31/2007

22-2662056

Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments

Description	_	Amount
Agency	\$	1,855
Community Leader		140
Student Members		80
Individual Professionals		8,565
Group Professionals		13,640
Commercial Memberships		8,745
College/University		390
Associates/Friends		455
Retirees	_	30
Total	\$_	33,900

22-2662056

FYE: 12/31/2007

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description		Total Expenses	_	Program Service	_	Mgt & General	Fund- Raising
Expenses	\$		\$		\$:	\$
Advertising		1,000		1,000			
Awards		643		643			
Bank Service Charges		213				213	
Hershey Track and Field		2,847		2,847			
Insurance		5,874				5,874	
Legislative		7,981				7,981	
Permits and Fees		1,052				1,052	
Professional Development		4,697				4,697	
Program Development		1,100		1,100			
Salary Processing Fee		1,114		1,114			
Utilities	_	5,130	_	<u> </u>	_	5,130	
Total	\$	31,651	\$	6,704	\$	24,947	\$ 0

22-2662056

FYE: 12/31/2007

Statement 3 - Form 990, Part IV, Line 54a - Publicly Traded Securities

Description	Beginning of Year	 End of Year	Basis of Valuation
Corporate Stock	\$	\$ 40 010	
Banc of America Investments	42,213	 42,213	
Total	\$ 42,213	\$ 42,213	

Statement 4 - Form 990, Part IV, Line 65 - Other Liabilities

Description	B	 End of Year			
Payroll Taxes Payable	\$	169	\$ 541		
Certification Reserve		857	857		
Scholarship Reserve		1,019	 1,019		
Total	\$	2,045	\$ 2,417		

22-2662056

FYE: 12/31/2007

Statement 5 - Form 990, Part VII, Line 93 - Program Service Revenue

Description	Business Code	_	Unrelated Amount	Exclusion Code	_	Exclusion Amount	Related Income
Aquatics Institute Certification Entertainment Showcase Golf Tournament Miscellaneous Programs Playground Camp College Playground Safety Institute Quarterly Meetings Scholarships		\$			\$		\$ 3,118 423 5,005 2,995 5,539 853 46,386 3,167 1,681
State Conference							16,258
Total		\$	0		\$	0	\$ 85,425

Statement 6 - Form 990, Part VIII - Relationship of Activities

Line No.	Description
93a	Fees from conferences and sales of educational materials contribute to the development of CRPA members and promote public awareness.
94	Members are individuals with an interest in promoting and supporting the value of recreation and parks.

FYE: 12/31/2007

Special Events Direct Expenses

Description	Amount
	\$
Basketball Hall of Fame Direct Costs	663
SubTotal	663
Six Flags/Lake Compounce Direct Expenses	149,917
SubTotal	149,917
SubTotal (Others)	149,917
Total	150,580

Direct expenses other than fundraising expenses reported on Form 990, page 1, line 9b.