Form	990
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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OMB No. 1545-0047 ./ **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Faultha 0000 salandar war

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АГ	or the	and and a sear, or tax year beginning and	enaing				
B C	heck if	C Name of organization		D Employer identifie	cation number		
	Addre	21ST CENTURY PARKS, INC.					
	Name chang	Doing business as		20-17803	17		
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r		
		171 WEGT MATN GT					
	termin			(502) 58 G Gross receipts \$	5,195,889.		
	Ameno	LOUISVILLE, KY 40202	H(a) Is this a group re				
	Applic tion		S	for subordinates			
L	pendir	471 WEST MAIN ST., SUITE 203, LOUISVILI		H(b) Are all subordinates in	····· = =		
I T	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)			list. See instructions		
	Vebsit			H(c) Group exemptio			
		organization: X Corporation Trust Association Other	I Vear	<u> </u>	State of legal domicile: KY		
	irt I	Summary					
		Briefly describe the organization's mission or most significant activities: \underline{TO} C	REATE	AND PRESERVE	E PARKLANDS		
e		THAT REFLECT THE NEEDS AND VALUES OF OUR					
Jan		Check this box if the organization discontinued its operations or disposed			ote		
/err					16		
go		Number of independent voting members of the governing body (Part VI, line 1a)			16		
8		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		·····	52		
ties					45		
Activities & Governance		Total number of volunteers (estimate if necessary)			0.		
Ac					0.		
	a	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	Current Year		
		Contributions and grants (Dart) (III line 1h)		4,495,927.	4,294,273.		
ne		Contributions and grants (Part VIII, line 1h)		165,606.	180,044.		
Revenue		Program service revenue (Part VIII, line 2g)		5,132.	-434.		
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		255,219.	193,818.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,921,884.	4,667,701.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,921,004.	<u>4,007,701</u> 0.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		2,359,619.	2,479,854.		
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u>2,359,619</u> . 0.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	16	0.	0.		
хb		Total fundraising expenses (Part IX, column (D), line 25) 508,8		4 641 004	1 700 776		
-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,641,894.	4,789,776.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·····	7,001,513.	7,269,630.		
	19	Revenue less expenses. Subtract line 18 from line 12		-2,079,629.	-2,601,929.		
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year		
sset šalai	20	Total assets (Part X, line 16)		96,568,908.	93,327,584.		
et As	21	Total liabilities (Part X, line 26)		1,138,547.	464,297.		
		Net assets or fund balances. Subtract line 21 from line 20		95,430,361.	92,863,287.		
	nrt II	Signature Block					
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is		
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.			
Sigr	ı	Signature of officer		Date			

Oigii	-		
Here	MR. DAVID MORGAN, PRESIDE	NT	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature D	ate Check PTIN
Paid	WILLIAM G. MEYER III	0	7/11/23 self-employed P00171030
Preparer	Firm's name STROTHMAN & COMPA	NY, P.S.C.	Firm's EIN 61-1191655
Use Only	Firm's address 325 W. MAIN ST. S	UITE 1600	
	LOUISVILLE, KY 40	202-4251	Phone no. (502) 585-1600
May the IF	RS discuss this return with the preparer shown abc	ve? See instructions	X Yes No
			000

Form	990 (2022) 21ST CENTURY PARKS, INC.	20-1780317	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
•	21ST CENTURY PARKS SERVES AS A STEWARD ENTRUSTED TO PRES	ERVE AND	
	SUSTAIN UNEXCELLED PARKLANDS THAT REFLECT THE NEEDS AND		
	WHOLE COMMUNITY. THE GOAL OF THE PARKLANDS OF FLOYDS FO		
	OPERATE A WORLD- CLASS, SYSTEMIC, ADDITION TO LOUISVILLE		
		5 I ANN	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes 🗌	V Na
	prior Form 990 or 990-EZ?		
_	If "Yes," describe these new services on Schedule O.		v
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	A 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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, and	
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$5,237,261. including grants of \$) (Reven	nue \$)
	RECREATION:		
	21ST CENTURY PARKS, INC. DEVELOPS, FUNDS, AND OPERATES T		
	FLOYDS FORK. THIS NEARLY 4,000 ACRE PUBLIC PARK IS COMP	-	<u>IT</u>
	THE LARGEST NEW URBAN PARK SYSTEM BUILT IN THE NATION IN		
	LAST TWENTY YEARS. EVEN MORE UNIQUE, THIS PARK, WHICH C		
	ADMISSION FEE FOR ENTRY, IS OPERATED WITHOUT RECEIVING P	UBLIC TAX	
	DOLLARS FOR OPERATIONS. IN 2022, THE PARKLANDS HOSTED M	ORE THAN 3.5	
	MILLION VISITORS ACROSS THE REGION. THESE VISITORS SPEN	T THEIR LEISU	RE
	TIME HIKING AND BIKING THE 46 MILES OF MULTI-USE TRAILS,	PADDLING 22	
	MILES OF FLOYD'S FORK, AND PLAYING GAMES ON 20 MULTI-USE	SPORTS FIELDS	s.
	COLLABORATING WITH ITS PARTNERS, 21ST CENTURY PARKS, INC	. STOCKED MORI	E
	THAN 10,000 FISH IN PARKLANDS' LAKES AND STREAMS FOR THE		
4h		nue\$ 218,8'	78.)
	CONSERVATION:		/
	21ST CENTURY PARKS, INC. IS DEDICATED TO THE CONSERVATIO	N AND	
	•	ORGANIZATION	
	EMPLOYS A FULL-TIME GARDENING AND NATURAL AREAS TEAM THA		
	INVASIVE PLANT SPECIES ON MORE THAN 140 ACRES; MAINTAINE		
	ACRES OF NATIVE MEADOWS; AND TREATED & CARED FOR THE THO		ES
	AND SHRUBS PLANTED IN THE PARKLANDS. WE PARTICIPATED IN		
	ENVIRONMENTAL QUALITY INCENTIVES PROGRAM: THE PARKLANDS		
	ENVIRONMENTAL RESTORATION WORK ON MORE THAN 50 ACRES WHI		
	ESTABLISHMENT OF RIPARIAN CORRIDORS, BRUSH AND WEED MANA		
	CENTURY PARKS INC. ALSO MAINTAINS TWO GROVES OF ENDANGER		
	CHESTNUT TREES. IN 2022, 21ST CENTURY PARKS, INC. HARVES		
	420,420		
4C		nue\$)
	EDUCATION: 21ST CENTURY PARKS, INC. PROVIDES DYNAMIC, LIFE-CHANGING	EVDEDTENCEC	
	FOR LOUISVILLE-AREA YOUTH THAT CONNECT THEM WITH THE OUT		
	NATURAL KENTUCKY LANDSCAPE. THESE EXPERIENCES ARE DESIG		
	CURIOSITY ABOUT OUR NATURAL WORLD WHILE FOCUSING ON STEM		
	CURRICULUM USING OUR OUTDOOR CLASSROOM. IN 2022, WE COND		JN
	FIELD TRIP PROGRAMMING FOR MORE THAN 9,250 AREA TITLE I	STUDENTS.	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 6,158,315.		
		Form 990	0 (2022)
232002	SEE SCHEDULE O FOR CONTINUATION (S	5)	

Form 990 (2022) 21ST CENTURY PARKS, 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? 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 donor-restricted endowments			37
	or in 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,		v	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
_	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	110		x
لم	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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	114		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
1 2 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
120	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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			
	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. See instructions	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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 (2022)

Form 990 (2022)	21ST	CENTURY	PARKS
Part IV	Checklist	of Required	Schedules	(continued)

					Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individual	als 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 org	ganizat	ion's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Ye	es," col	mplete			
	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 c	omplete			
	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	e year t	o 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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an exces					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in					
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If					
	Schedule L, Part I	,	,	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any			200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	ounor				
				26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trust			20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member,					
	entity (including an employee thereof) or family member of any of these persons? If "Yes." complete S			27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Sched		,			
20	instructions for applicable filing thresholds, conditions, and exceptions):	JUIC L,	rannv,			
~	A current or former officer, director, trustee, key employee, creator or founder, or substantial contribut	or? 4				
a				28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?			200		- 23
U				28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedu			29	Х	- 23
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualifie			23	- 23	
30	•		Servation	30		x
24	contributions? If "Yes," complete Schedule M			31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Sched</i> . Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"			31		
32		compl	ete	20		x
~~	Schedule N, Part II			32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regu					x
~ 4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part					v
05 -	Part V, line 1			34		X X
				35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			0.51		
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable					v
	If "Yes," complete Schedule R, Part V, line 2			36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organ					x
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI						
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 1	1b and	d 19?			
De	Note: All Form 990 filers are required to complete Schedule O			38	Х	
Pa						
	Check if Schedule O contains a response or note to any line in this Part V					\square
		1	~~		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	38			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2022) 21ST CENTURY PARKS, INC. 20-1780	317	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	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 52		37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		
D	If "Yes," enter the name of the foreign country			
50		5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		<u> </u>
Ua		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	04		<u> </u>
D.	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
'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?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	- 10		
•	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	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:			
а	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		<u> </u>
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		<u>_</u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form	990	(2022)

21ST CENTURY PARKS, INC.

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

	Check if Schedule O contains a response or note to any line in this Part VI			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 16			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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 on 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		Х
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 on 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			
	on 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 on 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 <u>KY</u>			
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) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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			
	DENISE HAGAN - (502)584-0350			
	471 WEST MAIN STREET, SUITE 202, LOUISVILLE, KY 40202			

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

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Form 990 (2022) 21ST CEN			-						20-178	303	17 F	Page 8
Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	st C	ompensated Employee	s (continued)			
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	hours per week	box	, unles	ss per	rson i	is both	n an	compensation	compensation		amount	
	(list any						,	- from the	from related organizations		other compensa	
	hours for	r direc				eq		organization	(W-2/1099-MISC)		from th	
	related	stee or	rustee			ensat		(W-2/1099-MISC/	1099-NEC)		organiza	
	organizations below	ual tru:	ional t		ployee	t comp ee		1099-NEC)			and relation	
	line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				organizat	10115
(18) CHARLES P. DENNY	1.00				Ť	1				+		
DIRECTOR		Х						0.	0).		0.
(19) ELLEN HESEN	1.00								_			
DIRECTOR	1 0 0	X				-		0.	0).		0.
(20) HENRY V. HEUSER, JR	1.00	x						0.	0).		0.
DIRECTOR		^						0.		•		0.
		1										
										+		
										+		
						-				+		
		1										
										+		
1b Subtotal								701,997.).	46,4	57.
c Total from continuation sheets to Part VI								0.).		<u> </u>
d Total (add lines 1b and 1c)								701,997.).	46,4	57.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			4
compensation from the organization											Yes	
3 Did the organization list any former officer.	director, truste	ee. k	ev e	Iame	ove	e. or	hia	hest compensated empl	ovee on			
line 1a? If "Yes," complete Schedule J for s	-		•	•			Ŭ			. [3	Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	,									. L	4 X	<u> </u>
5 Did any person listed on line 1a receive or a											_	v
rendered to the organization? <i>If</i> "Yes," con Section B. Independent Contractors	plete Schedule	e J fo	or su	ich i	oers	on .				<u>. </u>	5	X
1 Complete this table for your five highest co	mnensated ind	lene	nder	nt co	ontra	actor	rs th	nat received more than \$	100 000 of comper	nsatir	on from	
the organization. Report compensation for	•	•							•	ioutic		
(A)				0				(B)			(C)	
Name and business								Description of s	ervices	Co	mpensatio	n
GREENSCAPES LAWN & LANDSC	-			~ ~								C O
4809 JENNINGS LANE, LOUIS	SVILLE,	KΥ	4	02	18		_	LANDSCAPING			208,2	60.
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	στ ιιη	nitec	1 (0)	thos 1		red	above) who received mo	bre than			
+ severe et er ponoutorr nom the organi					_							

	n 990 (T CENTURY	PARKS, II	NC.		20-1780	317 Page 9
Pa	rt VII							_
		Check if Schedule O c	contains a response	or note to any lin		(B)	(C)	
					(A) Total revenue	Related or exempt		(D) Revenue excluded
						function revenue	business revenue	
								sections 512 - 514
nts	1 a		<u>1a</u>					
Gra	b		1b	005 150				
ts, (Am	с	Fundraising events		025,152.				
Gifi İlar	d		1d	400 848				
ns,	е	Government grants (contri		423,747.				
er S	f	All other contributions, gifts,		045 254				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included		845,374.				
onti od (g	Noncash contributions included in	lines 1a-1f 1g \$	39,998.	4 004 072			
<u>a Č</u>	h	Total. Add lines 1a-1f			4,294,273.			
			a	Business Code	100 044	100 044		
e	2 a	EDUCATION FEE		611710	180,044.	180,044.		
er vi	b							
n S ent	с							
Program Service Revenue	d							
rog	е							
٩	f	All other program service			100 044			
	g				180,044.			
	3	Investment income (incluc						
	_							
	4	Income from investment o						
	5	Royalties	(i) Deel					
			(i) Real	(ii) Personal				
		Gross rents	6a 663,492.					
		Less: rental expenses	6b 311,147.					
	С		_{6c} 352,345.		250 245			252 245
		Net rental income or (loss)) (i) Securities		352,345.			352,345.
	7 a	Gross amount from sales of		(ii) Other				
		assets other than inventory	7a 19,246.					
•	b	Less: cost or other basis	7ы 19,680.					
venue	_	and sales expenses	7c -434.					
eve		Gain or (loss)			-434.			-131
ır Re		Net gain or (loss)			-454.			-434.
Other	8 a	Gross income from fundraisir including \$ 1,025	,152. of					
0								
		contributions reported on		0.				
	h	Part IV, line 18 Less: direct expenses		197,361.				
		Net income or (loss) from		<u></u> , <u></u>	-197,361.			-197,361.
		Gross income from gamin	· · ·		197,301.			197,901.
	9 a	Part IV, line 19	°					
	h	Less: direct expenses						
		Net income or (loss) from						
		Gross sales of inventory, I						
	10 a							
	h	and allowances Less: cost of goods sold						
		Net income or (loss) from						
			caloo or involtiory	Business Code				
snu	11 a	OTHER INCOME		900099	38,834.	38,834.		
nea	b							
Miscellaneous Revenue	c							
isce Be	h l	All other revenue						
Σ	- -	Total. Add lines 11a-11d			38,834.			
	12	Total revenue. See instruction			4,667,701.	218,878.	0.	154,550.

21ST CENTURY PARKS, INC.

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

<u></u>	Check if Schedule O contains a respon				
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and general expenses	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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,		1 6 4 9 5 9	1 60 054	106 100
	trustees, and key employees	469,594.	164,358.	169,054.	136,182.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,672,663.	1,402,576.	36,268.	233,819.
8	Pension plan accruals and contributions (include	_, ,	_,,_,		
0		42,341.	36,504.	674.	5 163
~	section 401(k) and 403(b) employer contributions)	142,687.	110,396.	8,485.	5,163. 23,806. 26,243.
9	Other employee benefits				43,000.
10	Payroll taxes	152,569.	114,442.	11,884.	20,243.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	2,610.		2,610.	
	Accounting	34,364.		34,364.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g			0.61 0.60	100 201	
	column (A), amount, list line 11g expenses on Sch 0.)	450,723.	261,362.	189,361.	
12	Advertising and promotion	82,297.	39,164.		43,133.
13	Office expenses	78,005.	6,679.	33,641.	37,685.
14	Information technology				
15	Royalties				
16	Occupancy	205,777.	95,988.	106,974.	2,815.
17					
	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	17,029.	8,701.	8,328.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,140,970.	3,140,144.	826.	
23	Insurance	301,870.	301,870.		
24	Other expenses. Itemize expenses not covered				
27	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)	270 100	270 100		
а	REPAIRS AND MAINTENANCE	270,109.	270,109.		
b	EQUIPMENT AND SUPPLIES	122,530.	122,530.		
С	HORTICULTURE EXPENSE	83,492.	83,492.		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,269,630.	6,158,315.	602,469.	508,846.
26	Joint costs. Complete this line only if the organization	,,	.,,		,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form 990 (2022) 21ST CENTU

Part IX Statement of Functional Expenses

21ST CENTURY	PARKS,	INC.
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20-1780317 Page 11

		Check if Schedule O contains a response or note	e to an	v line in this Part X			
				,	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,533,545.	1	1,724,016.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	1,280,680.	3	783,125.		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9				161,621.	9	175,315.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	116,753,359.			
	b	Less: accumulated depreciation	10b	26,108,231.	93,593,062.	10c	90,645,128.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			96,568,908.	16	93,327,584.
	17	Accounts payable and accrued expenses			613,622.	17	311,600.
	18	Grants payable	174 005	18	150 000		
	19	Deferred revenue			174,925.	19	152,697.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or forme					
iliti		trustee, key employee, creator or founder, substa				-	
Liabilities	00	controlled entity or family member of any of these				22	
_	23	Secured mortgages and notes payable to unrelat				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines					
					350,000.	25	0.
	26	of Schedule D Total liabilities. Add lines 17 through 25			1,138,547.	25	464,297.
	20	Organizations that follow FASB ASC 958, check	sk her	e X	1,100,01,1	20	101/25/1
es		and complete lines 27, 28, 32, and 33.					
u c	27				94,024,461.	27	91,332,629.
Bala	28	Net assets with donor restrictions			1,405,900.	28	1,530,658.
Βpc		Organizations that do not follow FASB ASC 95			, ,		
Ъ		and complete lines 29 through 33.	,				
P	29	Capital stock or trust principal, or current funds				29	
iets	30	Paid-in or capital surplus, or land, building, or equ				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		ſ	95,430,361.	32	92,863,287.
	33	Total liabilities and net assets/fund balances			96,568,908.	33	93,327,584.

Form **990** (2022)

Form 990 (2022) 21ST Part X Balance Sheet

Form	1990 (2022) 21ST CENTURY PARKS, INC.	20-3	L780317	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,667		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,269	, 63	30.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,601	, 92	29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	95,430	, 36	51.
5	Net unrealized gains (losses) on investments	5			
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 on Schedule O)	9	34	, 85	55.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	92,863	, 28	87.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
			`	Yes	No
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 on Schedule	• O.			
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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		

Form 990 (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

L

Name of the organization

Nam	e of t	he organization						Employer	identification number					
		21ST	CENTURY PA	ARKS, INC.				2	0-1780317					
Par	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.						
The c	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)								
1 [A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)												
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4 [A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
		city, and state:												
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in													
	section 170(b)(1)(A)(iv). (Complete Part II.)													
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).							
7 [An organization that norma	lly receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	public described in					
		section 170(b)(1)(A)(vi). (C	omplete Part II.)											
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)									
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college					
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or					
		university:												
10	Х	An organization that norma	Ily receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from					
		activities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment					
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	fter June 30, 1975.					
		See section 509(a)(2). (Cor	mplete Part III.)											
11 [An organization organized a	and operated exclusiv	vely to test for public sa	fety. See	section 50)9(a)(4).							
12		An organization organized a	and operated exclusiv	vely for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or					
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on					
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.						
а] Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving					
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting					
		organization. You must o	complete Part IV, Se	ctions A and B.										
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	ring					
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported					
		organization(s). You mus	t complete Part IV,	Sections A and C.										
с] Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,					
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.							
d] Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	ation(s)					
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness					
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.							
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III						
		functionally integrated, or	Type III non-functior	nally integrated supporting	ng organiz	ation.								
f	Ente	r the number of supported o	organizations											
g		vide the following information												
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	anization listed ng document?	(v) Amount of	,	(vi) Amount of other					
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)					
Toto														
Total									1					

<u> </u>		-		
Schedule	A	(Form	990	2022

20-1780317 _{Pa}	ge 2	2
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	(Form 990) 2022		CENTURY			20-1780317	Pa
Part II	Support Schedule for	or Orgai	nizations De	scribed in	Sections	170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	
	(Complete only if you cheo	cked the b	ox on line 5, 7, c	or 8 of Part I o	r if the orgar	nization failed to qualify under Part III. If the organiza	tion
	fails to qualify under the te	ests listed	below, please co	omplete Part I	II.)		

Sec	tion A. Public Support		-		-		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
by each person (other than a							
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support		-				-
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	•
13	First 5 years. If the Form 990 is for th	-				01(c)(3)	
	organization, check this box and stop	-			•		
Sec	tion C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2022. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	$\ensuremath{\operatorname{stop}}$ here. The organization qualifies	as a publicly supp	orted organizatior	۱ <u></u>			
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circun	nstances test, che	ck this box and s	stop here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ie organization qu	alifies as a publicly	y supported organia	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instructions	s
				, , ,	,		

Schedule A (Form 990) 2022

21ST CENTURY PARKS, INC.

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

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

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 4294273.21554158. 4466894 4271349. 4025715. 4495927. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 355,130. 67,777. 165,606. 180,044. 1159023. organization's tax-exempt purpose 390,466. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 4093492. 4474317.22713181. 4857360. 4626479. 4661533. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 208,432. 538,366. 741,000. 593,114. 150,658. 2231570. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Ο. c Add lines 7a and 7b 150,658. 208,432. 538,366. 741,000. 593,114. 2231570 20481611. 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 9 Amounts from line 6 4857360 4093492. 4661533. 4474317.22713181. 4626479. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 676,820. 699,195. 306,422. 568,879. 663,492. 2914808. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 676,820. 699,195. 306,422. 568,879. 663,492. 2914808. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 28,170. 9,158. 4,012. 38,835. 80,175. assets (Explain in Part VI.) 5334832. 5534180. 4428084. 5234424. 5176644.25708164. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 79.67 % 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 82.21 16 Public support percentage from 2021 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 11.34 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 % 11.03 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is notX more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

21ST CENTURY PARKS, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV	Supporting Organizations	(continued)
		• • •

Schedule A (Form 990) 2022 21ST CENTURY PARKS, INC.

2

Yes No

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
^	Did the exemption encrote for the herefit of any supported exemination other than the supported			

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

supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

		_	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s)		1

110 500	ponteu orgu	nizutionito).	
Section D.	All Type	III Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

I Check the box next to the method that the organization used to satisfy the integral Part Lest during the year 1500 IIISU UC	I Part Test during the year (see instructions).	Check the box next to the method that the organization used to satisfy the Integral P
---	---	---

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
0	i the organization supported a governmental entity.	Describe III • • • • • • • • • • • • • • • • •

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

232025 12-09-22

2a

2b

3a

7 Recoveries of prior-year distributions

Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

Section C - Distributable Amount

2 Enter 0.85 of line 1.

8

4

6

Minimum Asset Amount (add line 7 to line 6)

1 Adjusted net income for prior year (from Section A, line 8, column A)

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Sche	dule A (Form 990) 2022 21ST CENTURY PARKS, INC.			20-1780317 _{Pag}
Par			nizations	· · · · · · · · · · · · · · · · · · ·
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	Nov. 20, 1970 (<i>explain</i>	in Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations must			···· ,
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		

7

8

1

2

3 4

5

emergency temporary reduction (see instructions). 6 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Current Year

<u>Scn</u> e	dule A (Form 990) 2022 21ST CENTURY	PARKS, INC.		2	0-1780317 Pag
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
0	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
g					
	Applied to 2022 distributable amount				
h	Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions)				
h	••				
h	Carryover from 2017 not applied (see instructions)				
h i j	Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
h i j 4	Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D,				
h i j 4 a	Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: \$				
h i j 4 a b	Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: \$ Applied to underdistributions of prior years				
h j 4 a b	Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: \$ Applied to underdistributions of prior years Applied to 2022 distributable amount				
h j 4 a b c	Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: \$ Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4.				
h j 4 a b c	Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: \$ Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if				

and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

		21ST CEN	זגם עסוזיייו	WC TNC			20-1780317	Dere
Part VI	(Form 990) 2022 Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	mation. Provid , 2, 3b, 3c, 4b, 4c lines 2 and 3; Par	e the explanation, 5a, 6, 9a, 9b, 9 t IV, Section E,	ons required by 9c, 11a, 11b, ar lines 1c, 2a, 2b	Part II, line 10; Pand 11c; Part IV, S and 11c; Part IV, S and 3b; Part	ection B, lines 1 a t V, line 1; Part V,	I7b; Part III, line 12; and 2; Part IV, Section Section B, line 1e; Pa	n C,

****** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

20-1780317

tment of the Treasury	
al Pevenue Service	

21ST CENTURY PARKS

	organization type (choice only).		
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		

INC.

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)



Depa Intern

Name of the organization

Organization type (check one)

20-1780317

21ST CENTURY PARKS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>303,150.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>30,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

20-1780317

21ST CENTURY PARKS, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 8 X Person Payroll 5,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Person X Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 X Person Payroll 55,000. Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

20-1780317

21ST CENTURY PARKS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$\$15,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		- \$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		- \$\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16_		- \$\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		- \$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$\$5,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

223452 11-15-22

20-1780317

21ST CENTURY PARKS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$10,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
<u>No.</u>		\$12,317.	Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number

21ST CENTURY PARKS, INC.

20-1780317

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28_		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Employer identification number

20-1780317

21ST CENTURY PARKS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31			PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	Name, audress, and Zir + +	\$9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 34	Name, address, and ZIP + 4		Type of contribution Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4		Type of contribution Person X Payroll
(a) No	(b) Name address and ZIR + 4	(c)	(d)
No. 36	Name, address, and ZIP + 4		Type of contribution Person X Payroll

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21ST CENTURY PARKS, INC.

Employer identification number

20-1780317

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38_		\$ <u>15,003.</u>	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>39</u>		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>40</u>		\$ <u>18,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>42</u>		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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20-1780317

21ST CENTURY PARKS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
43		\$ 12,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
44		\$ 12,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
45		\$\$ 5,000. Person X Payroll D Noncash D (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
46		\$ 60,000. \$ 60,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
47		Sector contains at contai
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
48		Sector Person X \$\$ 5,000. Noncash Image: Complete Part II for noncash contributions.)

21ST CENTURY PARKS, INC.

Employer identification number

20 - 1780317

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50_		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>53</u>		\$ <u>125,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

21ST CENTURY PARKS, INC.

Employer identification number

20-1780317

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ <u>5,446.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 56 </u>		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$ <u> </u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>58</u>		\$21,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 59 </u>		\$51,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60_		\$126,114.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number

20-1780317

21ST CENTURY PARKS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61_		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>63</u>		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>64</u>	Name, auuress, anu zir + +	\$38,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Page **2**

21ST CENTURY PARKS, INC.

Employer identification number

20-1780317

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>68</u>		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70_		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

21ST CENTURY PARKS, INC.

Name of organization

X

X

X

X

X

X

Employer identification number

20-1780317

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 73 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 74 Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 75 Person Payroll 8,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 76 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 77 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 78 Person Payroll 5,000. Noncash \$ (Complete Part II for

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21ST CENTURY PARKS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$11,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81_		\$13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number

20-1780317

21ST CENTURY PARKS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
85		\$ 5,000. \$ 5,000. (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
86		\$ 25,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
87		\$ 30,000. \$ 30,000. Person X Payroll Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
88		\$ 10,000. \$ 10,000. \$ Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
89		\$ 10,000. \$ 10,000. \$ Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
90		\$ 5,000. Person X Payroll Image: Complete Part II for noncash contributions.	

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
91		\$\$, 5,000. Person X Payroll Noncash Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<u>92</u>		Total contributions Type of contribution
(a)	(b)	(c) (d)
<u>93</u>	Name, address, and ZIP + 4	Total contributions Type of contribution
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
(a) No	(b) Name, address, and ZIP + 4	(c) (d)
<u>96</u>	Name, address, and ∠ir + 4	Total contributions Type of contribution

21ST CENTURY PARKS, INC.

Employer identification number

20-1780317

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$ <u>7,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>99</u>		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_101		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102		\$5,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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20-1780317

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a)	(b)	(c) (d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
104		\$ 17,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
_105	, , , , , , , , , , , , , , , , ,	\$\$ 6,000. \$\$ 6,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions Type of contribution
(a)	(b)	(c) (d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
108		Sector Person X \$\$ 5,000. Noncash Image: Complete Part II for noncash contributions.)

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20-1780317

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditionadditionadditionad additionadd	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
109		\$5,000. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<u>110</u>		\$100,000. \$\$Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
_111		\$5,000. \$\$\$ \$
(a)	(b)	(c) (d) Total contributions Type of contribution
<u>No.</u>	Name, address, and ZIP + 4	Total contributions Type of contribution \$5,000. Person X \$5,000. Payroll I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<u>113</u>		\$20,000. Person X \$20,000. Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
114		\$5,000. (Complete Part II for noncash contributions.)

20-1780317

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_115		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116		\$ <u>35,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
118		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>119</u>		\$423,747.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

1ST	ST CENTURY PARKS, INC. 20-1780317					
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
18	MARKETING					
		\$5,000.	02/10/22			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
21	MARKETING					
		\$12,317.	11/17/22			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
38	153 SHARES OF BROWN FORMAN CORP STOCK					
		\$10,003.	10/07/22			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
55	35 SHARES OF PROCTOR AND GAMBLE STOCK					
		\$5,446.	02/28/22			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			

Schedule B (Form 990) (2022)

Employer identification number

20 - 1780317

Name of or	rganization		Employer identification numbe
215т (CENTURY PARKS, INC.		20-1780317
Part III	Exclusively religious, charitable, etc., contribut) through (e) and the following line e charitable, etc., contributions of \$1,000 o	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yea
(a) No.	Ose duplicate copies of Part III II additional		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of g	
-	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of g Ind ZIP + 4	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of g	gift Relationship of transferor to transferee

		Quantaman	tal Financial Otatomonta		OMB No. 1	545-0047	
	CHEDULE D Supplemental rinancial Statements						
(Forr	n 990)		ganization answered "Yes" on Form 990, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		Ζυ	22	
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form	Open to Inspect	o Public			
	e of the organizatio		identificatio				
Num	21ST CENTURY PARKS, INC. 20-1780317						
Pa	t I Organiza		ed Funds or Other Similar Funds or A				
	organization	n answered "Yes" on Form 990, Part IV,	line 6.				
			(a) Donor advised funds	(b) Funds and	d other accou	unts	
1	Total number at end	d of year					
2		contributions to (during year)					
3	B Aggregate value of grants from (during year)						
4		end of year					
5	-		n writing that the assets held in donor advised fun			┌┐	
•			's exclusive legal control?		Yes	No	
6	•	•	r advisors in writing that grant funds can be used o				
			r or donor advisor, or for any other purpose confer	•	Yes	No	
Pa	t II Conserva	ation Easements. Complete if the	organization answered "Yes" on Form 990, Part IV	line 7.	165		
1		ervation easements held by the organiza		,			
-		of land for public use (for example, recr		orically impor	tant land are	a	
		f natural habitat	Preservation of a cert	• •			
	Preservation	of open space					
2	Complete lines 2a t	through 2d if the organization held a qua	alified conservation contribution in the form of a co	nservation ea	asement on t	he last	
	day of the tax year.			Held	at the End of t	he Tax Year	
а	Total number of cor	nservation easements		2a			
b	Total acreage restri	2b					
С	Number of conservation	vation easements on a certified historic s	structure included in (a)	2c			
d	Number of conservation	vation easements included in (c) acquire	d after July 25,2006, and not on a				
				2d			
3	Number of conserva	vation easements modified, transferred,	released, extinguished, or terminated by the organ	ization during	g the tax		
_	year	<u> </u>					
4		vhere property subject to conservation e					
5			periodic monitoring, inspection, handling of			No	
6		preement of the conservation easements	s it holds? g, handling of violations, and enforcing conservation				
0	Stall and volunteer	hours devoted to monitoring, inspectin		on easements	s during the y	ear	
7	Amount of expense	 es incurred in monitoring, inspecting, ha	ndling of violations, and enforcing conservation ea	sements duri	na the vear		
•	Amount of expense				ng the year		
8	Does each conserva	 vation easement reported on line 2(d) ab	ove satisfy the requirements of section 170(h)(4)(B)(i)			
	and section 170(h)((4)(B)(ii)?			Yes	No	
9			ation easements in its revenue and expense staten				
	balance sheet, and	l include, if applicable, the text of the foo	otnote to the organization's financial statements th	at describes t	the		
_	organization's acco	ounting for conservation easements.					
Pa			of Art, Historical Treasures, or Other S	Similar Ass	sets.		
		the organization answered "Yes" on Fo					
1 a	•		958, not to report in its revenue statement and bal		orks		
		· · · ·	bublic exhibition, education, or research in furthera	nce of public			
	· •		nancial statements that describes these items.	a abaat	of		
b	-		958, to report in its revenue statement and balance				
		· · · · · · · · ·	lic exhibition, education, or research in furtherance	e or public se	i vice,		
	-	ng amounts relating to these items:		\$			
				•			
2			reasures, or other similar assets for financial gain,				
-	•	ints required to be reported under FASE					
а	-		-	\$			
	 a Revenue included on Form 990, Part VIII, line 1 \$\$ b Assets included in Form 990, Part X \$\$ 						

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Sche		NTURY PARK						80317		ige 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, or	Other S	Similar A	ssets	(continu	ied)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of th	e following that	make sign	ificant use	e of its			
	collection items (check all that apply):									
а	Public exhibition	c	I 🗌 Loan or e	xchange progra	m					
b	Scholarly research	e	Other							
с	Preservation for future generations									
4										
5	During the year, did the organization solicit o	-	-	-	-					
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang						art IV.			
	reported an amount on Form 990, Par						,			
1a	Is the organization an agent, trustee, custodi	an or other intermed	iarv for contributio	ons or other ass	ets not inc	luded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
	······································							Amount		
с	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.		•							
Par										
		(a) Current year	(b) Prior year	(c) Two year) Three year	rs back	(e) Four y	vears t	Jack
1a	Beginning of year balance		- · · ·			<u> </u>				
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
م	Other expenditures for facilities									
C										
f										
	Administrative expenses End of year balance									
g 2	End of year balance [Provide the estimated percentage of the curr		l n (line 1 a column							
2	Board designated or quasi-endowment	•	%	(a)) Helu as.						
a 5	Permanent endowment	%	70							
U O		%								
C	Term endowment The percentages on lines 2a, 2b, and 2c shou	, -								
2-	Are there endowment funds not in the posses		tion that are hold	and administer	ad for the					
Ja		ssion of the organiza	alion linal are neiu	and auministere					/es	No
	organization by:									
	(i) Unrelated organizations							3a(i)	-	
	(ii) Related organizations							3a(ii)	-	
	(<i>)</i> //	•						3b		
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment tunds.							
	Complete if the organization answered) Part IV line 11a	See Form 990	Part X lin	e 10				
		(a) Cost or c							voluo	
	Description of property	basis (investr		ost or other is (other)	• •	umulated eciation		(d) Book	value	
10	Land		,	.51,841.	aopie		2	2,151	8/	1
	Land			36,452.	6 51	7,748	2 1	$\frac{2,151}{5,518}$, 04 70	<u>· + •</u>
	Buildings			50,454.	0,51	. / , / 40	<u>, • </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	, /	<u>, + •</u>
	Leasehold improvements		1 1	72 770	1 1 1	01 000	-	0.0	0.5	
	Equipment			72,779.		81,820			<u>, 95</u>	
	Other			92,287.		8,663		2,883		
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X. column (B), line</u>	<u>: 10c.)</u>	<u></u>		9	0,645	, 12	10.

Schedule D (Form 990) 2022

Schedule [) (Form 990) 2022	21ST	CENTURY	PARKS,	INC.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	

(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Sche	dule D (Form 990) 2022 21ST CENTURY PARKS,	INC.		20-1	L780317	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial	Statements With				
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statement	S		1	5,176	,209.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d	508,508.			
е	Add lines 2a through 2d			2e	508	,508.
3	Subtract line 2e from line 1			3	4,667	<u>,701.</u>
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				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. lin	ne <u>12.)</u>		5	4,667	,701.
Pa	t XII Reconciliation of Expenses per Audited Financia		n Expenses per H	leturr	1.	
	Complete if the organization answered "Yes" on Form 990, Part					
1	Total expenses and losses per audited financial statements			1	7,743	,283.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities	2 a				
b	Prior year adjustments					
С	Other losses		170 170			
	Other (Describe in Part XIII.)	·····	473,653.		. – .	
е	Add lines 2a through 2d			2e		,653.
3	Subtract line 2e from line 1			3	7,269	,630.
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				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.)	line 18.)		5	7,269	,630.
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:

ACCOUNTING STANDARDS PRESCRIBE HOW AN ENTITY SHOULD MEASURE, RECOGNIZE,
PRESENT AND DISCLOSE IN ITS FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS
THAT AN ENTITY HAS TAKEN OR EXPECTS TO TAKE ON A TAX RETURN. THE
ORGANIZATION RECOGNIZES A TAX PROVISION RELATED TO UNCERTAIN TAX POSITIONS
ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WOULD NOT BE
SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL
MERITS OF THE POSITION. FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021,
WE DETERMINED WE DID NOT HAVE ANY UNCERTAIN TAX POSITIONS AND WE DID NOT
INCUR OR ACCRUE ANY ASSOCIATED INTEREST OR PENALTIES RELATED TO THOSE
POSITIONS.

Schedule D (Form 990) 2022 21ST CENTURY PARKS, INC. Part XIII Supplemental Information (continued)	20-1780317 Page 5
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	311,147.
EVENT EXPENSES	197,361.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	508,508.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	311,147.
EVENT EXPENSES	197,361.
DISCOUNT/ALLOWANCE ON PLEDGES	-34,855.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	473,653.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047		
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2022		
Department of the Treasury			Open to Public							
Internal Revenue Service	Go te		Inspection							
Name of the organization										
<u> </u>	20-1780									
	complete this part	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, I	ine 17	7. Form 990-E	Z filers are not		
 Indicate whether the a Mail solicitation b Internet and c Phone solicitation d In-person solicitation 2 a Did the organization key employees list 	e organization rais tions email solicitations itations dicitations on have a written o ted in Form 990, Pa) highest paid indiv	ed funds through any of the followir e Solicita f Solicita g Specia r oral agreement with any individual art VII) or entity in connection with p riduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye			
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No						
Total		· · · · · · · · · · · · · · · · · · ·		·						
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from r	egistration		

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

Schedule G (Form 990) 2022

21ST CENTURY PARKS, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990 FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr		EZ, lines 1 and 6b. List e		s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				PARKLANDS		(add col. (a) through
			FIELD & FORK	LUNCHEON	2	col. (c)
e			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	698,078.	224,250.	102,824.	1,025,152.
	2	Less: Contributions	698,078.	224,250.	102,824.	1,025,152.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
<i>"</i>	5	Noncash prizes				
Sense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	124,826.	40,149.	32,386.	197,361.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)			197,361.
_	11	Net income summary. Subtract line 10 from I				-197,361
'a	rt I	• • • • • • • • • • • • • • • • • • • •	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
_		\$15,000 on Form 990-EZ, line 6a.	1			
٩			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Hevenue				bingo/progressive bingo		col. (a) through col. (c)
ě						
	1	Gross revenue				
ŝ	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Irect E	4	Rent/facility costs				
	5	Other direct expenses				
	<u> </u>		Yes%	Yes %	Yes %	
	6	Volunteer labor	Νο	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	~		former the state of the state			
	8	Net gaming income summary. Subtract line 7	Trom line 1, column (d)			
`	F ~+	as the state(s) is which the exception condu	into comina optivition			
		er the state(s) in which the organization condu he organization licensed to conduct gaming a				Yes No
D		No," explain:				
	_					
		re any of the organization's gaming licenses re Yes," explain:			ear?	Yes No
		· · · · · · · · · · · · · · · · · · ·				

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Schedule G (Form 990) 2022

Scł	hedule G (Form 990) 2022 21ST	CENTURY	PARKS,	INC.	20-1	780317	Page 3
11	Does the organization conduct gaming activi					Yes	No
	Is the organization a grantor, beneficiary or tr						
	to administer charitable gaming?					Yes	No
13	Indicate the percentage of gaming activity co						
i	a The organization's facility					13a	%
I	b An outside facility					13b	%
14	Enter the name and address of the person w	ho prepares the	organization	s gaming/special events	books and records:		
	Name						
	Address						
15	a Does the organization have a contract with a	third party from	whom the or	ganization receives gami	ing revenue?	Yes	No No
	b If "Yes," enter the amount of gaming revenue	received by the	organization	\$	and the amount		
	of gaming revenue retained by the third party			Ψ			
	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 Empl	oyee	Indep	endent contractor			
17	Mandatory distributions:						
i	a Is the organization required under state law t	o make charitab	le distributior	is from the gaming proce	eds to		
	retain the state gaming license?					Yes	No No
I	b Enter the amount of distributions required un	der state law to	be distribute	d to other exempt organi	zations or spent in the		
	organization's own exempt activities during t	he tax year	\$				
Pä	art IV Supplemental Information.					t III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable	. Also provide ar	ny additional i	ntormation. See instruct	ions.		

Failiv	Supplemental information	continued)

SCHEDULE J	Compensation Information	OMB No. 1545	-0047
Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	202	9
Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 2		202	_
Department of the Treasury	Attach to Form 990.	Open to P	
nternal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspecti	
Name of the organization		dentification	number
Part I Question	21ST CENTURY PARKS, INC. 20-1 s Regarding Compensation	780317	
		v	
	inte her (as) if the event institution and interland on of the following to an favor endowing listed on Fourier 000	Y	es No
	iate box(es) if the organization provided any of the following to or for a person listed on Form 990,		
	line 1a. Complete Part III to provide any relevant information regarding these items.		
First-class or c	•		
Travel for com			
	cation and gross-up payments Health or social club dues or initiation fees		
Discretionary	spending account Personal services (such as maid, chauffeur, chef)		
-	on line 1a are checked, did the organization follow a written policy regarding payment or	41	
	provision of all of the expenses described above? If "No," complete Part III to explain	1b	
	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		
trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
	ny, of the following the organization used to establish the compensation of the organization's		
	ector. Check all that apply. Do not check any boxes for methods used by a related organization to		
· · ·	ation of the CEO/Executive Director, but explain in Part III.		
X Compensatior			
	compensation consultant		
X Form 990 of o	ther organizations X Approval by the board or compensation committee		
	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		
organization or a re			
	e payment or change-of-control payment?		
•	ceive payment from a supplemental nonqualified retirement plan?		<u>X</u>
	ceive payment from an equity-based compensation arrangement?	4c	<u> </u>
If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
contingent on the r			
a The organization?		<u>5</u> a	<u> </u>
b Any related organiz	ation?		<u> </u>
	or 5b, describe in Part III.		
6 For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
contingent on the r			
a The organization?		6a	<u>X</u>
b Any related organiz		6b	<u> </u>
	or 6b, describe in Part III.		
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		
not described on lir	nes 5 and 6? If "Yes," describe in Part III	7	<u> </u>
B Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		
initial contract exce	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in		

20-1780317

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-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAVID MORGAN	(i)	300,414.	0.	0.	12,017.	7,104.	319,535.	0.
PRESIDENT & ASSISTANT TREA	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL J. NIELSEN	(i)	141,472.	0.	0.	5,659.	2,929.	150,060.	0.
VICE PRESIDENT OF FINANCE AND OPS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE M	
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30
Attach to Form 990.

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

Name of the organization							Employer identification number				
21ST CENTURY PARKS, INC.								20-17	7803	317	
Par			-								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repo Form 990, Part V	rted on	r		(d) od of det contribut		0	3
1	Art - Works of art										
2	Art - Historical treasures										
3	Art - Fractional interests										
4	Books and publications										
5	Clothing and household goods										
6	Cars and other vehicles										
7	Boats and planes										
8	Intellectual property										
9	Securities - Publicly traded	X	6	19	,681.	MAF	KET	VALUE	3		
10	Securities - Closely held stock										
11	Securities - Partnership, LLC, or										
	trust interests										
12	Securities - Miscellaneous										
13	Qualified conservation contribution -										
	Historic structures										
14	Qualified conservation contribution - Other										
15	Real estate - Residential										
16	Real estate - Commercial										
17	Real estate - Other										
18	Collectibles										
19	Food inventory										
20	Drugs and medical supplies										
21	Taxidermy										
22	Historical artifacts										
23	Scientific specimens										
24	Archeological artifacts										
25	Other (MARKETING)	X	3	20	,317.	FMV	r				
26	Other ()										
27	Other ()										
28	Other ()										
29	Number of Forms 8283 received by the organi	zation during	the tax year for co	ontributions							
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement	29						
								_		Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, line	es 1 throug	h 28,	that it				
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required t	o be used t	for					
	exempt purposes for the entire holding period	?							30a		<u>X</u>
b	If "Yes," describe the arrangement in Part II.										
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?										
32a	Does the organization hire or use third parties	or related or	ganizations to solid	it, process, or sel	l noncash			Γ			
	contributions?							L	32a	Х	
b	If "Yes," describe in Part II.										
33	If the organization didn't report an amount in c	olumn (c) for	r a type of property	for which column	n (a) is cheo	ked,					
	describe in Part II.										
	For Department Reduction Act Nation and	41					0.1	adula M	-		~~~~

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE ORGANIZATION RELIES ON A THIRD PARTY TO SELL DONATED STOCK AND

MARKETABLE SECURITIES WHICH ARE SOLD IMMEDIATELY AND CONVERTED TO CASH

AND SENT BACK TO THE ORGANIZATION.

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.



20-1780317

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

21ST CENTURY PARKS,

SYSTEM; IF DONE RIGHT, THE OUTCOME IS THE CREATION OF THE FINEST URBAN

EDGE IN THE COUNTRY.

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

THE ANGLING COMMUNITY, PROVIDED 81 PLOTS FOR COMMUNITY GARDENS, AND

REGISTERED 581 DOG OWNERS AT THE BARKLANDS. LOUISVILLE INDIVIDUALS AND

BUSINESSES CONTRIBUTED MORE THAN 980 VOLUNTEER HOURS IN THE PARKLANDS

IN 2022.

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

CHESTNUTS FOR PLANTING WITHIN THE PARKLANDS.

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

A FINAL DRAFT OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR

COMMENT AND REVIEW PRIOR TO ITS FILING WITH THE IRS.

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

COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS MONITORED ANNUALLY. ALL INTERESTED PERSONS SHALL DISCLOSE TO THE BOARD ANY POSSIBLE CONFLICT OF INTEREST. IN THE EVENT OF A CONFLICT, THE INTERESTED PERSON SHALL RECUSE HIM OR HERSELF FROM DISCUSSIONS OF AND ABSTAIN FROM VOTING ON, SUCH MATTERS UNDER CONSIDERATION BY THE BOARD.

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

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE

lame of the organization 21ST CENTURY PARKS, INC.	Employer identification number 20-1780317
COMPENSATION OF ALL ORGANIZATION OFFICERS ON AN ANNUAL B	ASIS. PEER
RGANIZATION DATA SUCH AS COMPENSATION SURVEYS AND STUDI	ES ARE UTILIZED
WHILE REVIEWING AND SETTING COMPENSATION. ALL BOARD AND	COMMITTEE
DELIBERATIONS ARE DOCUMENTED. THIS PROCESS WAS LAST UND	ERTAKEN IN 2022.
FORM 990, PART VI, SECTION B, LINE 15B:	
EXPLANATION: THE COMPENSATION COMMITTEE OF THE BOARD OF	DIRECTORS ANNUALLY
REVIEWS OFFICER COMPENSATION. COMPENSATION IS SET BASED	UPON THE OFFICERS'
PERFORMANCE, TAKING INTO ACCOUNT MARKET DATA SUCH AS SUR	VEYS AND OTHER
DRGANIZATIONS' FORMS 990. ALL BOARD AND COMMITTEE DELIBE	RATIONS ARE
DOCUMENTED. THIS PROCESS WAS LAST UNDERTAKEN IN 2022.	

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

THE ORGANIZATION'S FINANCIAL STATEMENTS AND BYLAWS ARE NOT REQUIRED DISCLOSURES PER IRC SEC. 6104. AS SUCH, THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME. THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE ONLINE THROUGH THE KENTUCKY SECRETARY OF STATE. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST IN ACCORDANCE WITH THE ORGANIZATION'S INFORMATION ACCESS POLICY ADOPTED BY THE BOARD OF DIRECTORS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN DISCOUNT PLEDGE RECEIVABLES	34,855.
REIMBURSEMENT OF CONTRIBUTIONS	
TOTAL TO FORM 990, PART XI, LINE 9	34,855.

FORM 990, PART XII, LINE 2C:

PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

Schedule O (Form 990) 20	22					Page
Name of the organization						Employer identification number 20-1780317
	21ST	CENTURY	PARKS,	INC.		20-1780317