** 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

AF	or the	e 2023 calendar year, or tax year beginning and	enaing					
	heck if	C Name of organization		D Employer identific	cation number			
	Addre							
	Name chang	Doing business as THE PARKLANDS OF FLOYDS FOR	RK	20-17803	17			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r			
	Final return/		202	(502) 58				
	termin ated			G Gross receipts \$	12,647,152.			
	Ameno	LOUISVILLE, RY 40202		H(a) Is this a group re				
	Application pendir	Finame and address of principal officer: DK • DANTED H • UONES		for subordinates? Yes X No				
		* 4/1 WEST MAIN ST., SUITE 202, LOUISVILL		H(b) Are all subordinates in	ncluded? Yes No			
		empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions			
	Vebsit			H(c) Group exemptio				
<u>K F</u>	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2004 N	M State of legal domicile: KY			
Ра	rt I	Summary						
ø		Briefly describe the organization's mission or most significant activities:			E PARKLANDS			
Activities & Governance		THAT REFLECT THE NEEDS AND VALUES OF OUR						
ern		Check this box if the organization discontinued its operations or dispos	sed of more	l				
Š				3	15			
æ		Number of independent voting members of the governing body (Part VI, line 1b)			15			
ies		Total number of individuals employed in calendar year 2023 (Part V, line 2a)		_	53 45			
Ιį		Total number of volunteers (estimate if necessary)						
Act				<u>7a</u>	0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	Current Year			
	۰	Contributions and events (Part VIII line 1h)		4,294,273.	11,753,775.			
ne		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		180,044.	223,250.			
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-434.	6,243.			
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		193,818.	106,273.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,667,701.	12,089,541.			
		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)		0.	0.			
"		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,479,854.	2,651,115.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
per		Total fundraising expenses (Part IX, column (D), line 25) 630,8	29.					
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,789,776.	4,816,468.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,269,630.	7,467,583.			
		Revenue less expenses. Subtract line 18 from line 12		-2,601,929.	4,621,958.			
or			Ве	ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		93,327,584.	97,805,389.			
t As Id Bi	21	Total liabilities (Part X, line 26)		464,297.	348,055.			
		Net assets or fund balances. Subtract line 21 from line 20		92,863,287.	97,457,334.			
	rt II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is			
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.				
		Signature of officer		I Date				
Sigr				Date				
Here	е	MR. DAVID MORGAN, PRESIDENT Type or print name and title						
				Date Check	PTIN			
ר: • כ		Print/Type preparer's name JAMES STEVISON JAMES STEVISON JAMES STEVISON		if L				
Paid				self-employ	2-1199757			
	arer Only	Firm's name LBMC, PC Firm's address 325 WEST MAIN STREET, STE 1600		Firm's EIN 6	<u> </u>			
J36	Unity	LOUISVILLE, KY 40202		Dhone no 50	2-585-1600			
May	the I	RS discuss this return with the preparer shown above? See instructions		FIIOTE IIO. 30	X Yes No			
viay	ii ie ir				163 140			

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: 21ST CENTURY PARKS SERVES AS A STEWARD ENTRUSTED TO PRESERVE AND
	SUSTAIN UNEXCELLED PARKLANDS THAT REFLECT THE NEEDS AND VALUES OF OUR
	WHOLE COMMUNITY. THE GOAL OF THE PARKLANDS OF FLOYDS FORK IS TO
	OPERATE A WORLD-CLASS, SYSTEMIC ADDITION TO LOUISVILLE'S PARK SYSTEM;
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
 4а	(Code:) (Expenses \$ 5,347,117. including grants of \$) (Revenue \$)
·u	RECREATION:
	21ST CENTURY PARKS INC. DEVELOPS, FUNDS AND OPERATES THE PARKLANDS OF
	FLOYDS FORK. THIS OVER 4,000-ACRE PUBLIC PARK IS COMPLETE, MAKING IT
	THE LARGEST URBAN PARK SYSTEM BUILT IN THE NATION IN AT LEAST THE LAST
	20 YEARS. EVEN MORE UNIQUE, THIS PARK CHARGES NO ADMISSION FEE AND
	OPERATES WITHOUT RECEIVING PUBLIC TAX DOLLARS FOR OPERATIONS. IN 2023,
	THE PARKLANDS HOSTED 3.4 MILLION VISITORS FROM ACROSS THE REGION. THESE
	VISITORS HIKED AND BIKED THE 46 MILES OF MULTI-USE TRAILS, PADDLED 22
	MILES OF FLOYDS FORK AND PLAYED GAMES ON 20 MULTI-USE SPORTS FIELDS. IN
	COLLABORATION WITH PARTNERS, 21ST CENTURY PARKS STOCKED MORE THAN
	10,000 FISH IN THE PARKLANDS LAKES AND STREAMS FOR THE ANGLING
	COMMUNITY, PROVIDED 81 PLOTS FOR COMMUNITY GARDENS AND REGISTERED
4b	(Code:) (Expenses \$
	CONSERVATION:
	21ST CENTURY PARKS, INC. IS DEDICATED TO THE CONSERVATION AND
	ENRICHMENT OF THE LAND FOR WHICH IT IS RESPONSIBLE. THE ORGANIZATION
	EMPLOYS A FULL-TIME GARDENING AND NATURAL AREAS TEAM THAT REMOVED
	INVASIVE PLANT SPECIES ON MORE THAN 140 ACRES; MAINTAINED OVER 400 ACRES OF NATIVE MEADOWS; AND TREATED & CARED FOR THE THOUSANDS OF TREES
	AND SHRUBS PLANTED IN THE PARKLANDS. WE PARTICIPATED IN THE
	ENVIRONMENTAL QUALITY INCENTIVES PROGRAM: THE PARKLANDS PERFORMED
	RESTORATION WORK ON MORE THAN 50 ACRES WHICH INCLUDED ESTABLISHMENT OF
	RIPARIAN CORRIDORS, BRUSH AND WEED MANAGEMENT. 21ST CENTURY PARKS INC.
	ALSO MAINTAINS TWO GROVES OF ENDANGERED AMERICAN CHESTNUT TREES. IN
	2023, 21ST CENTURY PARKS, INC. HARVESTED OVER 120 CHESTNUTS FOR
4c	(Code:) (Expenses \$ 541,440 • including grants of \$) (Revenue \$ 239,534 •)
	EDUCATION:
	21ST CENTURY PARKS, INC. PROVIDES DYNAMIC, LIFE-CHANGING EXPERIENCES
	FOR LOUISVILLE-AREA YOUTH THAT CONNECT THEM WITH THE OUTDOORS AND OUR
	NATURAL KENTUCKY LANDSCAPE. THESE EXPERIENCES ARE DESIGNED TO INCITE
	CURIOSITY ABOUT OUR NATURAL WORLD WHILE FOCUSING ON STEM EDUCATION
	CURRICULUM USING OUR OUTDOOR CLASSROOM. IN 2023, WE CONDUCTED IN-PERSON
	FIELD TRIP PROGRAMMING FOR MORE THAN 10,600 AREA TITLE I STUDENTS. IN
	ADDITION, THE PARKLANDS EDUCATION TEAM PERFORMED OUTREACH DURING THE
	COLDER MONTHS OF THE YEAR, GOING TO 10 SCHOOLS/PROGRAMS TO PROVIDE
	SCIENCE/ENVIRONMENTAL EDUCATION TO NEARLY 3,000 STUDENTS.
	Other program services (Describe on Schedule O.)
·u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 6,368,272.
	Form 990 (2023)

Form 990 (2023) 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		х
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	<u> </u>		
U	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,			1
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
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?			3,7
	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			
	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,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			†
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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	110		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		1
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_~
40	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	ا مر ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	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 current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V. line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	L
Par	Note: All Form 990 filers are required to complete Schedule O To V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
			aan	(0000)

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21ST CENTURY PARKS, 20-1780317 Page 5 Form 990 (2023) Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a

Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? Х 15

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Form **990** (2023)

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X

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes," complete Form 6069.

If "Yes," see the instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

21ST CENTURY PARKS, INC. 20-1780317 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization 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 Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed KY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website __ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2023)

LOUISVILLE

202,

LISA JESSIE - (502)815-0263 471 WEST MAIN STREET, SUITE

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 n	or any related	orga	niza			nper	sat	ed any current officer, d	irector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		Position (do not check more than one box, unless person is both an					Reportable	Reportable	Estimated
	hours per					is botl or/trus		compensation	compensation	amount of
	week (list any	_					Ĺ	from the	from related organizations	other compensation
	hours for	direc				- -		organization	(W-2/1099-MISC/	from the
	related	tee or	trustee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	om p		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DAVID MORGAN	40.00	<u> </u>	=	0	~	王高	Œ			
PRESIDENT & ASSISTANT TREA				х				303,563.	0.	26,560.
(2) SAM STEWART	40.00									
DIRECTOR OF DEV AND EX REL						X		142,528.	0.	13,227.
(3) DR. DANIEL H. JONES	20.00									
CHAIR		Х		Х				0.	0.	0.
(4) LAURA FORBES	1.00]								
SECRETARY				Х		_		0.	0.	0.
(5) BRYAN K. JOHNSON	1.00	1							_	_
TREASURER		Х		X				0.	0.	0.
(6) SANDRA FRAZIER "PARTIAL YEAR"	1.00	1								
DIRECTOR		Х				_		0.	0.	0.
(7) MARY NIXON	1.00	ļ								
DIRECTOR	1 00	Х				_		0.	0.	0.
(8) CAROL L. JONES	1.00	l								•
DIRECTOR	1 00	Х				├		0.	0.	0.
(9) WILLIAM JUCKETT "PARTIAL YEAR" DIRECTOR	1.00	x						0.	0.	0.
(10) CHARLIE MARSH	1.00	^				┢		0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(11) JOHN A. MOORE	1.00	<u></u>				H			0.1	
DIRECTOR		Х						0.	0.	0.
(12) KENNETH L. PAYNE	1.00									
DIRECTOR		Х						0.	0.	0.
(13) LUKE SCHMIDT	1.00									
DIRECTOR		Х						0.	0.	0.
(14) DAVID Y. WOOD	1.00									
DIRECTOR		Х						0.	0.	0.
(15) HANK ROBINSON	1.00]								
DIRECTOR		Х				_		0.	0.	0.
(16) LOUANN ATLAS	1.00]								
DIRECTOR		Х				_		0.	0.	0.
		1								
										000

Form 990 (2023)

Fai	Section A. Officers, Directors, Trus		oloy	ees,			ghe	st C		, ,				
	(A)	(B)			Pos	C) sition	1		(D)	(E)		_	(F)	
	Name and title	Average hours per	(do not check more than one box, unless person is both an						Reportable compensation	Reportable compensatio	- 1		stimate nount	
		week		cer ar					from	from related	- 1	aii	other	
		(list any	ctor						the	organization	- 1	com	pensa	
		hours for	or dire	۵			ted		organization	(W-2/1099-MIS		fr	rom th	е
		related	stee	truste		a.	bensa		(W-2/1099-MISC/	1099-NEC)			janizat	
		organizations below	ual tru	ional		ploye	t com		1099-NEC)				d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Urga	anizati	0115
		1 0	1			\neg								
			1											
							_							
			-											
							\vdash				\dashv			
			1											
							\vdash				\dashv			
			1											
	Subtotal								446,091.		0.	3	9,7	
	Total from continuation sheets to Part VI								0.		0.		0 7	0.
	Total (add lines 1b and 1c)								446,091.	000 - 6			9,7	0/.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed ar	oove	e) wr	10 re	eceived more than \$100,	000 of reportable	;			2
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director trust	ا مم	(A)/ 6	mn	love	A 01	r hin	nhest compensated emp	lovee on	ſ		100	
•	line 1a? If "Yes," complete Schedule J for s	,		•	•	•		_		•		3		х
4	For any individual listed on line 1a, is the su													
•	and related organizations greater than \$150											4	Х	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com	•				,			•			5		х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	oensat	tion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	ithin	the organization's tax y	ear.				
	(A)								(B)			(0		
	Name and business							_	Description of s	ervices	C	ompe	nsatio	n
	EENSCAPES LAWN & LANDSO	-	IN		^ ^	1 ^							<u>.</u> -	2 17
	9 JENNINGS LANE, LOUIS	VILLE,	ΚŸ	4	02	т8		$\overline{}$	LANDSCAPING	D.E.		23	9,7	37.
	NN BROTHERS INC.	T: 1232 A	Λ ^	2 7				- 1	INFRASTRUCTU	KE		1 5	Λ 2	6 0
<u> </u>	D. BOX 32065, LOUISVILL	16, KY 4	υZ	ა⊿				\dashv	REPAIR			тэ	0,3	00.

Form **990** (2023)

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

· u					200.0	or note to any line	o in this Part VIII			
		Check if Schedule O	JUIILA	ii is a respor	156 (in Hote to any line	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
S 10	1 -	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts										
ig g						1,132,271.				
fts,		Fundraising events				1,132,2/1.				
<u>i</u>	(Related organizations				251 263				
ns,	•	Government grants (contr				251,263.				
e ë	f	All other contributions, gifts,				10 250 041				
ŧξ		similar amounts not included				10,370,241.				
ξğ	ç	Noncash contributions included in	lines 1a	a-1f 1g \$		3,201,158.				
<u>2 g</u>	ŀ	Total. Add lines 1a-1f					11,753,775.			
						Business Code				
ė	2 8	EDUCATION FEES			_	611710	223,250.	223,250.		
e Ķ	k				_					
s z	c	;			_					
am	c	d								
Program Service Revenue	6	·								
P	f	All other program service	rever	nue						
	ç	Total. Add lines 2a-2f					223,250.			
	3	Investment income (include	ling c	dividends, in	teres	st, and				
		other similar amounts)					887.			887.
	4	Income from investment of tax-exempt bond p								
	5	Royalties			-					
		•		(i) Real		(ii) Personal				
	6 a	Gross rents	6a	621,9	72.					
		Less: rental expenses	6b	335,8	41.					
		Rental income or (loss)	6c	286,1	31.					
		Net rental income or (loss)					286,131.			286,131.
		Gross amount from sales of	, 	(i) Securiti		(ii) Other				,
	, .	assets other than inventory	7a	30,9	_	(4) 2 3 1 2 1				
		Less: cost or other basis	14		•					
ø	•		76	25,6	28					
n		and sales expenses	70	5,3						
Revenue		Gain or (loss)	70				5,356.			5,356.
e. R					·····		3,330.			3,330.
Othe	0 6	Gross income from fundraising including \$1,								
0										
		contributions reported on		•	ا ما	0.				
		Part IV, line 18			8a	196,142.				
		Less: direct expenses			8b	150,142.	-196,142.			-196,142.
		Net income or (loss) from			ts 		-130,142.			-190,142.
	9 8	Gross income from gamin								
		Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from			···					
	10 a	Gross sales of inventory, I								
		and allowances			10a					
	k	Less: cost of goods sold			10b					
\blacksquare		Net income or (loss) from	sales	of inventor	y					
ဟ					ļ	Business Code				
on e	11 a	OTHER INCOME			_	900099	16,284.	16,284.		
Miscellaneous Revenue	k				_					
evel Sevel	c				_					
Mis	C	All other revenue								
_	e	Total. Add lines 11a-11d					16,284.			
	12	Total revenue. See instruction	ns				12,089,541.	239,534.	0.	96,232.

332009 12-21-23

Form **990** (2023)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 330,122. 254,577. 23,546. 51,999. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,985,458. 1,502,819. 151,284. 331,355. Other salaries and wages 7 Pension plan accruals and contributions (include 47,060. 3,651. 7,991. 35,418. section 401(k) and 403(b) employer contributions) 106,020. 10,781. 140,422. 23,621. Other employee benefits 9 148,053. 111,089. 11,578. 25,386. 10 Payroll taxes Fees for services (nonemployees): Management 31,361. 31,361. Legal 37,591. 37,591. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 34,079. 394,834. 360,603. column (A), amount, list line 11g expenses on Sch O.) 140,976. 171,016. 29,536. 504. Advertising and promotion 12 53,430. 6,980. 38,714. Office expenses 13 Information technology 14 15 Royalties 78,691. 178,664. 98,057. 1,916. 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 3,010,010. 3,009,304. 706. Depreciation, depletion, and amortization 22 336,842. 345,170. 8,328. 23 Other expenses. Itemize expenses not covered 24 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.) 321,924. 321,924. REPAIRS AND MAINTENANCE 87,021. EQUIPMENT AND SUPPLIES 164,386. 37,668. 39,697. 108,082. 108,082. HORTICULTURE EXPENSE С d All other expenses 7,467,583. 6,368,272. 468,482. 630,829. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2023)

Check here

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

ra	rt X	Balance Sneet				
		Check if Schedule O contains a response or note to ar	ny line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,724,016.	1	2,074,035	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net	783,125.	3	1,033,704	
	4	Accounts receivable, net		•	4	
	5	Loans and other receivables from any current or forme				
		trustee, key employee, creator or founder, substantial				
		controlled entity or family member of any of these pers			5	
	6	Loans and other receivables from other disqualified pe				
		under section 4958(f)(1)), and persons described in sec		6		
G	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
	9	B		175,315.	9	135,716
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	123,638,568			
	b			90,645,128.	10c	94,561,934
	11	Investments - publicly traded securities	, ,	11	, ,	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line	93,327,584.	16	97,805,389	
	17	Accounts payable and accrued expenses		311,600.	17	171,559
	18	Grants payable		18		
	19	Deferred revenue	152,697.	19	176,496	
	20	Tax-exempt bond liabilities		202,00,0	20	2,0,150
	21	Escrow or custodial account liability. Complete Part IV			21	
	22	Loans and other payables to any current or former offi			21	
ijes	22	trustee, key employee, creator or founder, substantial				
Liabilities		controlled entity or family member of any of these pers			22	
<u>E</u> .	23	Secured mortgages and notes payable to unrelated th			23	
	24	Unsecured notes and loans payable to unrelated third			24	
	25	Other liabilities (including federal income tax, payables			24	
	25	parties, and other liabilities not included on lines 17-24				
		of Schedule D). Complete Part A		25	
	26			464,297.	26	348,055
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check her		404,2574	20	340,033
S		and complete lines 27, 28, 32, and 33.				
ü	27			91,332,629.	27	95,509,903
<u>ala</u>	28	Net assets with donor restrictions Net assets with donor restrictions		1,530,658.	28	1,947,431
ō	20	Organizations that do not follow FASB ASC 958, ch		2/330/0301	20	1/31//131
Ē		and complete lines 29 through 33.	eck liefe			
ō	29	Capital stock or trust principal, or current funds			29	
əts		Paid-in or capital surplus, or land, building, or equipme			30	
SS	30				31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income,		92,863,287.		97,457,334
ž	32	Total net assets or fund balances		93,327,584.	32	97,437,334
	33	Total liabilities and net assets/fund balances		<i>55,341,</i> 304.	33	31,003,36

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,0		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,4	67,5	83.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,6	21,9	58.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	92,8	63,2	87.
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	_	27,9	11.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	97,4	57,3	34.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				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?		2	а	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	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?		21	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	•	2	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	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?		3	а	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	5	
			Foi	m 990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

21ST CENTURY PARKS, INC.

Employer identification number 20-1780317

Pa	rt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
he	organi	zation is not a private found						
1		A church, convention of chu)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)			
3		A hospital or a cooperative		•		(b)(1)(A)(ii	i).	
4	一	A medical research organiza	· ·					the hospital's name,
		city, and state:	·				CAAAA	,
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in
Ŭ		section 170(b)(1)(A)(iv). (C		loge of allinerally confide	. o, opo.a.	-		
6		A federal, state, or local gov		ontal unit described in	soction 17	70/6\/4\/ A \/	(v)	
7	H	, ,	· ·				• •	aublia dagaribad in
′	ш	An organization that normal	•	iliai part of its support if	om a gove	emmeman	unit or from the general p	Jublic described in
_		section 170(b)(1)(A)(vi). (C		dVAV.ii) (Commiste Day				
8	H	A community trust describe			•		and the second second	
9	ш	An agricultural research org				-	-	-
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
	v	university:	. (4)					
10	X	An organization that normal						
		activities related to its exem		•	` '			•
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	-					
11	\square	An organization organized a	•	•	•			
12		An organization organized a	•		-		· · · · · · · · · · · · · · · · · · ·	
		more publicly supported org	-					Check the box on
	_	lines 12a through 12d that o	* *					
а		Type I. A supporting orga	ınization operated, sı	upervised, or controlled	by its supp	oorted orga	anization(s), typically by	giving
		the supported organization	on(s) the power to rec	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting
		organization. You must c	omplete Part IV, Se	ctions A and B.				
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by have	ving
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage 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 functionally integrate	ed 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 cor	nnection w	rith its supported organiz	zation(s)
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness
		requirement (see instructi	ons). 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	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	r the number of supported o	organizations					
g		ide the following information						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
ota	II.						i	ı

332021 12-21-23

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

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

Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 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	Sec	tion A. Public Support						
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b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	16a	33 1/3% support test - 2023. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
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and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the		· · · · · · · · · · · · · · · · · · ·						
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more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the			-	•		-		
	b		_					10% or
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		· · · · · · · · · · · · · · · · · · ·						
ASSET AS THE RELEASE OF THE PROPERTY OF THE PR		-		-	• •	•		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		

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.)

Se	ction A. Public Support	ciow, picase comp	ioto i uit ii.j				
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	,	,	,		,	,
	include any "unusual grants.")	4271349.	4025715.	4495927.	4294273.	11753775.	28841039.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	355,130.	67,777.	165,606.	180,044.	223,250.	991,807.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	4626479.	4093492.	4661533.	4474317.	<u>11977025.</u>	29832846.
	A Amounts included on lines 1, 2, and 3 received from disqualified persons	208,432.	538,366.	741,000.	593,114.	277,500.	2358412.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b	208,432.	538,366.	741,000.	593,114.	277,500.	
	Public support. (Subtract line 7c from line 6.)						27474434.
Se	ction B. Total Support					.	
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	4626479.	4093492.	4661533.	4474317.	11977025.	29832846.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	699,195.	306,422.	568,879.	663,492.	621,971.	2859959.
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
,	Add lines 10a and 10b	699,195.	306,422.	568.879.	663,492.	621,971.	2859959.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	03372300	33371223	30070130	- 003 / 13 10	021,77.10	20033331
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	9,158.	28,170.	4,012.	38,835.	16,284.	96,459.
	Total support. (Add lines 9, 10c, 11, and 12.)	5334832.	4428084.	5234424.			32789264.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organization	on,
<u></u>		- Current Day					
	ction C. Computation of Publi			. (5)		Г. - Г	02 70 0
	Public support percentage for 2023 (li		- · · · · · · · · · · · · · · · · · · ·			15	83.79 % 79.67 %
	Public support percentage from 2022 ction D. Computation of Inves		•			16	79.67 %
	Investment income percentage for 20			ne 13 column (f)		17	8.72 %
	Investment income percentage from 2					18	11.34 %
	a 33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						v
k	33 1/3% support tests - 2022. If the	-	-	•	• •		
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

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.)

	Yes	No
1		
2		
За		
3b		
3c		
40		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
40		
10a		
10b		
100		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily 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		
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sect	ion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sect	ion l	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		·	3		
Sect	ion I	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	ı		
а		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 installation)	struction	<u>s).</u>	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	the organization was responsive to those supported organizations, and how the organization determined			
	that ti	hese activities constituted substantially all of its activities.	2a		
b	Did th	he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	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.	2b		
3	Parer	nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	he organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Sect	ion 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		
Sect	ion 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	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see
	instructions).	. •		•

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

d Excess from 2022e Excess from 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

21ST CENTURY PARKS 20-1780317 INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 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).

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

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		\$ 780,000.	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
2		\$685,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 7,500.	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
5		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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
7		\$	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
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions \$ 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
11_		\$\$	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
12		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

21ST	CENTURY	PARKS,	INC
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	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
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		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Name, address, 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
17		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)

Name of organization

00 1500015

Employer identification number

21ST	CENTURY	PARKS,	INC
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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
19		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$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
21		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4	\$ 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
23		\$ <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
24		\$	Person X Payroll

Name of organization

Employer identification number

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
25		\$	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		\$ <u>125,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27_		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	Name, audiess, and Zir + 4	\$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
29		\$	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		\$ 70,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

21ST CENTURY PARKS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$	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
32		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 34	Name, address, and ZIP + 4	\$ 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
35		\$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
36		\$15,000.	Person X Payroll

Name of organization Employer identification number

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
37		\$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
38		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
40	Name, address, and ZIP + 4	Total contributions \$ 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$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
42		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

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
43		\$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
44		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$ <u>10,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 46	Name, address, and ZIP + 4	Total contributions \$ 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
47		\$ 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
48		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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
49		\$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
50		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$ 20,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 52	Name, address, and ZIP + 4	Total contributions \$ 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
53		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

21ST CENTURY PARKS, INC.			20-1780317
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
<u>55</u>		\$5,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
56		\$20,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
57_		\$11,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
58		\$15,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
59		\$117,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
60			Person X Payroll

323452 12-26-23

Noncash
(Complete Part II for noncash contributions.)

10,000.

Name of organization Employer identification number

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
61		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$	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
63		\$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
64		\$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
65		\$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
66		\$ <u>15,000.</u>	Person X Payroll

Name of organization Employer identification number

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
67		\$\$	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
68		\$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
69		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	Name, address, and Zir + +	\$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
71		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

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
73		\$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
74		\$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>75</u>		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
76	Name, address, and ZIP + 4	Total contributions \$ 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
77		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

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		\$ <u>22,775.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$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
81		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82		\$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
83		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$ <u>13,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

21ST	CENTURY	PARKS,	INC
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$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
86		\$7,500.	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
87		\$5,006.	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
88	Name, address, and ZIF + 4	\$ 77,500.	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
89		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

21ST CENTURY PARKS, INC.

20-1780317

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$\$	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
92		\$\$	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
93		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

21ST CENTURY PARKS, INC.

20-1780317

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
18_	STOCK DONATION 381 SHARES OF BF		
		ss	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
87	STOCK DONATION 10 SHARES OF HUMANA	_	
		5,006.	
(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
		_	
(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
		_	
		_ \$	

Name of organization **Employer identification number** 21ST CENTURY PARKS, INC. 20-1780317 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

21ST CENTURY PARKS, INC.

Employer identification number 20-1780317

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) i unus and other accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax
_	year		
4	Number of states where property subject to conservation eas	•	•
5	Does the organization have a written policy regarding the per		
6	violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting,		
0	Stan and volunteer riours devoted to monitoring, inspecting,	Trainding of violations, and emorcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
•	, and an expenses meaned in membering, mepeeting, name	amig or violations, and ornoromig consorve	ation basements daring the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(n)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2023

332051 09-28-23

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection times (check all that apply). a Public exhibition d Loan or exchange program b Scholarly research decided the process of t	Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Other	Simila	r Asset	S (contir	nued)	
a Public exhibition d Loan or exchange program b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they threft the organization's exempt purpose in Part XIII. 5 During the year, did the organization sociotic or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization analyset, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X; In explicit in the arrangement in Part XIII and complete the following table:	3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing tha	t make si	gnificant ı	use of its			
b Scholarly research e Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds anterther than to be maintained as pant of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Arx X, line 21. 1a Is the organization an agent, trustee, oustodian, or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1		collection items (check all that apply).										
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on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table:		reported an amount on Form 990, Par	t X, line 21.									
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Board designated or quasi-endowment	_			/I: 4		<u> </u>						
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e Other 71,460,511. 20,628,982. 50,831,529.					1,31	0,295.	1,1	192,9	39.	11'	7,3	56.
	Total	. Add lines 1a through 1e. (Column (d) must ea	gual Form 990. Part	X. line 1	0c. column	(B))				4,56	1,9	34.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 21ST CENTURY	PARKS, INC.	20	-1780317 Page
Part VII Investments - Other Securities			, age
Complete if the organization answered "Yes" o			d of year market yelve
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	a-or-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, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		+	
(9) Tatal (Col. (b) must squal Form 000, Port V. line 12, sol. (B))			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description	,	(b) Book value
(1)			,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	<u>(B))</u>		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

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

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 ... X

Schedule D (Form 990) 2023

(8) (9)

Pa	rt XI Reconciliation of Revenue per Audited Financia	al Statements With Revenue per	Return	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.		
1	Total revenue, gains, and other support per audited financial stateme	nts	1	12,621,523.
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	2c		
d			12.	
е	Add lines 2a through 2d		2e	531,982.
3	Subtract line 2e from line 1		3	12,089,541.
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			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. art XII Reconciliation of Expenses per Audited Finance	line 12.)	5	12,089,541.
Pa	art XII Reconciliation of Expenses per Audited Financ	ial Statements With Expenses p	er Retur	'n
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.		T
1	Total expenses and losses per audited financial statements		1	8,027,476.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d	d Other (Describe in Part XIII.)	2d 559,89	13.	
е	Add lines 2a through 2d		2e	559,893.
3	Subtract line 2e from line 1		3	7,467,583.
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.
_	Total expenses. Add lines 3 and 4c. (This must equal Form 990 Part		5	7,467,583.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART 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, 2023 AND 2022, 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) 2023

Schedule D (Form 990) 2023 21ST CENTURY PARKS, INC.	20-1780317 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	335,841.
EVENT EXPENSES	196,141.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	531,982.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	335,841.
EVENT EXPENSES	196,141.
DISCOUNT/ALLOWANCE ON PLEDGES	27,911.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	559,893.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number 21ST CENTURY PARKS, 20-1780317 INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

20-1780317 Page 2 Schedule G (Form 990) 2023 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

		or furidialsing event contributions and gro	oss income on Form 990.	EZ, III les Tariu ob. List e	wents with gross receipt	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))
4			(event type)	(event type)	(total number)	Coi. (C)
Revenue						
eve	1	Gross receipts	770,895.	235,475.	125,901.	1,132,271.
æ			,	,	•	, ,
	2	Less: Contributions	770,895.	235,475.	125,901.	1,132,271.
			,	,	•	,
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
es						
Sue	6	Rent/facility costs				
Direct Expenses						
ct E	7	Food and beverages				
)ire						
_	8	Entertainment				
	9	Other direct expenses		42,856.	42,784.	196,142.
	10	Direct expense summary. Add lines 4 through		,	·	196,142.
			. ,			-196,142.
Pa	rt I	Gaming. Complete if the organization a				,
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•	
			(a) Din as	(b) Pull tabs/instant	(a) Other marking	(d) Total gaming (add
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ĕ	1	Gross revenue				
	2	Cash prizes				
se						
Direct Expenses	3	Noncash prizes				
Ĕ						
rec	4	Rent/facility costs				
⊡						
	5	Other direct expenses				
			Yes %	Yes%	Yes%	
	6	Volunteer labor	No No	□ No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities: _			
а	ls t	the organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
b	If "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	Yes No
b	If "	Yes," explain:				
	••					
	_					

Schedule G (Form 990) 2023 332082 09-13-23

Sche	edule G (Form 990) 2023 21 ST CENTURY PARKS, INC. 20	-1780	317	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			_
	to administer charitable gaming?		Yes	No
	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
				// %
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[130		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.			
	Nama			
	Name			
	Address			
	Address			
4	December of the boundary of the state of the		Vaa	□ No
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	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 \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	;		
	organization's own exempt activities during the tax year \$			
Pa	TTIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990)	21ST	CENTURY	PARKS,	INC.	20-1780317	Page 4
Part IV	G (Form 990) Supplemental Infor	mation	(continued)				
			(continued)				

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

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

Employer identification number 20-1780317

OMB No. 1545-0047

Inspection

21ST CENTURY PARKS INC.

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		_ <u>x</u> _
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			77
а	The organization?	6a		_X_
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			77
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		_X_
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	a		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation 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)	303,563.	0.	0.	12,455.	14,105.	330,123.	0.
PRESIDENT & ASSISTANT TREA	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SAM STEWART	(i)	142,528.	0.	0.	7,221.	6,006.	155,755.	0.
DIRECTOR OF DEV AND EX REL	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

	21ST CENTURY	PARKS	, INC.				20-1780	317	
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII	ed on		(d) od of determin contribution a	•	s
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	2	31,	419.	MARKET	VALUE		
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				2=6				
17	Real estate - Other	Х	1	3,029,	076.	FM∨			
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts	37	0	0.7	215	T13.63.7			
25	Other (MEDIA)	X	0	97,	215.	FMV			
26	Other (EVENT PRIZES)	X X	0	30,	697.	LMA.			
27	Other (PARK SUPPLIES) Other (MARKETING)	X	0		$\frac{150.}{150.}$				
28				·	, 130.	<u>ьил</u>			
29	Number of Forms 8283 received by the organization appropriate of Forms 8283								
	for which the organization completed Form 826	oo, Part V, L	onee Acknowledg	ementL	29			Yes	No
202	During the year, did the organization receive by	, contributio	n any proporty rop	orted in Part Llines	1 through	h 28 that it		165	NO
Sua	must hold for at least 3 years from the date of				_				
	exempt purposes for the entire holding period?						30a		х
b	If "Yes," describe the arrangement in Part II.								
31							31	х	
	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
oza	contributions?		_	· ·			32a	х	
h	If "Yes," describe in Part II.						<u>02a</u>		
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	ked.			
-	describe in Part II.	2.3.1 (0) 101	, po oi proport)	.s. milon column (۵, اد ۱۱۱۵۰	54,			

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

21ST CENTURY PARKS, INC.

Employer identification number 20-1780317

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:								
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:								
HUNDREDS OF DOG OWNERS AT THE BARKLANDS DOG PARK. AREA INDIVIDUALS AND								
BUSINESSES CONTRIBUTED MORE THAN 980 VOLUNTEER HOURS IN THE PARKLANDS.								
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:								
PLANTING WITHIN THE PARKLANDS.								
FORM 990, PART VI, SECTION A, LINE 2:								
DAN JONES (BOARD CHAIRMAN AND FOUNDER) AND CAROL JONES (DIRECTOR) ARE								
SIBLINGS.								
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								

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

SUCH MATTERS UNDER CONSIDERATION BY THE BOARD.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization Employer identification number

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

21ST CENTURY PARKS, INC.

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE

COMPENSATION OF ALL ORGANIZATION OFFICERS ON AN ANNUAL BASIS. PEER

ORGANIZATION DATA SUCH AS COMPENSATION SURVEYS AND STUDIES ARE UTILIZED

WHILE REVIEWING AND SETTING COMPENSATION. ALL BOARD AND COMMITTEE

DELIBERATIONS ARE DOCUMENTED. THIS PROCESS WAS LAST UNDERTAKEN IN 2023.

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 SURVEYS AND OTHER

ORGANIZATIONS' FORMS 990. ALL BOARD AND COMMITTEE DELIBERATIONS ARE

DOCUMENTED. THIS PROCESS WAS LAST UNDERTAKEN IN 2023.

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 -27,911.

REIMBURSEMENT OF CONTRIBUTIONS

TOTAL TO FORM 990, PART XI, LINE 9 -27,911.

20-1780317

Schedule O (Form 990) 2023	Page 2
Name of the organization 21ST CENTURY PARKS, INC.	Employer identification number 20-1780317
FORM 990, PART XII, LINE 2C:	
PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	