

0-167-26

NEIGHBORHOOD DEVELOPMENT FUND

Not-for-Profit Transmittal and Approval Form

21st Century Parks, Inc.

Applicant/Program: Replacement geothermal HVAC system at the John Floyd Fields Community Building
Applicant Requested Amount: \$21680.00
Appropriation Request Amount: \$16,680.00

Executive Summary of Request

This project replaces the failing geothermal HVAC system at the John Floyd Fields Community Building in The Parklands of Floyds Fork, a Metro Louisville public park operated through a public-private partnership. Work includes replacing a failing 18 year old geothermal system with a new high-efficiency geothermal system with upgraded ground loops and equipment. The project ensures continued operation of the facility while improving energy efficiency and sustainability.

Is this program/project a fundraiser?
Is this applicant a faith based organization?
Does this application include funding for sub-grantee(s)?

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

20
District #

Primary Sponsor Signature

6680.00
Amount

6/4/2026
Date

Primary Sponsor Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.
N/A

Approved by:

Appropriations Committee Chairman

Date

Final Appropriations Amount: _____

Handwritten initials

Applicant/Program: 21st Century Parks, Inc. /
Replacement geothermal HVAC system at John Floyd Fields Comm. Bldg in The Parklands of Floyds Fork

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

n/a

Council Member Signature and Amount

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	Kevin J. Kramer/Suh	\$ 5,000
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization 21st Century Parks - The Parklands of Floyds Fork
Program Name and Request Amount Replacement geothermal system at JFF Comm. Bldg. \$21680.00

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input checked="" type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> Yes
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input checked="" type="checkbox"/> N/A Yes
Prepared by: _____	Date: _____

Applicant/Program: 21st Century Parks, Inc.

Replacement geothermal HVAC system at John Floyd Fields Comm. Bldg in The Parklands of Floyds Fork

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

n/a

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 Kevin D. Beatch \$ 5,000⁰⁰

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:			
<i>(as listed on: http://www.sos.ky.gov/business/records)</i> 21St Century Parks, Inc.			
Main Office Street & Mailing Address: 9200 Shelbville Rd Suite 530 Louisville, KY 40222			
Website: Theparklands.org			
Applicant Contact:	Kirk Dolan	Title:	Park Superintendent
Phone:	(502) 718-7722	Email:	Kdolan@theparklands.org
Financial Contact:	Lisa Jessie	Title:	Controller
Phone:	(502) 815-0263	Email:	Ljessie@theparklands.org
Organization's Representative who attended NDF Training: <i>Sam Stewart</i>			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Pope Lick Park, 4002 S Pope Lick Road		
Council District(s):	20	Zip Code(s):	40299
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: John Floyd Fields Community Building New Geothermal HVAC Unit			
Total Request: (\$)	\$ 21,680.00	Total Metro Award (this program) in previous year: (\$)	\$ 0.00
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	N/A	Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

21st Century Parks, Inc. dba The Parklands of Floyds Fork serves as stewards entrusted to preserve and sustain unexcelled parklands that reflect the needs and values of our whole community.

The Parklands is open 365 days a year, free of charge, and boasts over 80 miles of trails for hiking, biking, and paddling, along with playgrounds, spraygrounds, fishing lakes, a mountain bike park, an archery range, versatile gathering spaces, and more. These amenities cater to a wide range of interests and offers visitors the chance to engage with their community and enjoy enriching experiences in a beautiful outdoor setting.

Your support ensures that The Parklands will continue to thrive for generations to come. As one of the largest privately owned public park systems in the country, The Parklands does not receive tax dollars for its annual operations. Instead, it relies on the generosity of individuals, businesses, and foundations to support operations, maintenance, and enhancements. Thanks to this support, The Parklands has enriched the lives of countless individuals over the past decade, fostering a community that is healthier, more vibrant, and more sustainable.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Daniel H. Jones	08/31/2028
LouAnn Atlas	08/31/2026
Bryan Johnson	08/31/2027
Carol Jones	08/31/2026
Michelle King-Term duration is renewed as long as Director of Metro Parks	
John Moore	08/31/2028
Kenneth Payne	08/31/2028
Hank Robinson	08/31/2026
David Wood	08/31/2026

Describe the Board term limit policy:

The directors serve staggered three (3) year terms and are expected to be active members of the Board and any committees they are assigned to during their term. From time to time, the Governance and Nominating Committee will recommend general expectations for Board member service.

Three Highest Paid Staff Names	Annual Salary
Aaron Boggs, CEO (as of February 2026)	\$ 180,000.00
Sam Stewart, Senior VP of Development & Admin	\$ 155,600.00
Lisa Jessie, Controller	\$ 125,763.00

Applicant's Initials

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

The Parklands is committed to maintaining its amenities to the highest standards, ensuring they remain safe, clean, fun, and beautiful. To meet this standard, The Parklands, is seeking funding to support essential upgrades to the John Floyd Field Community Building. This beloved community space provides invaluable opportunities for physical activity and social connection, greatly enhancing the quality of life for the community.

The project is to replace one of the three geothermal HVAC units in the John Floyd Fields Community Building. This unit provides heat and air to half of the meeting room located on the North side of the building. This unit was installed in 2008 and has outlived its life cycle. The unit will provide comfortable conditions for our park users and renters. The replacement unit is scheduled to be installed on or around April 1st and will take three working days to install.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

Funding will be spent on a new GeoStar brand geothermal unit, installation of the unit and all other material and labor costs. The new geothermal unit will be installed in a way which will work with the existing thermostat and twinned units. Funding will also cover start-up to ensure proper operation of the new unit and removal and disposal costs of the old unit upon completion of the project.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:

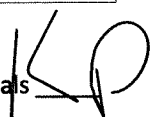
N/A

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
 - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

The John Floyd Field Community Building serves as a hub of activity for Pope Lick Park, which hosted nearly 300,000 visits in 2025. Many visitors use The John Floyd Community Building as a central meeting location to enjoy surrounding amenities which include, a public soccer field, 13 multi-sized fields used for a youth soccer league, a picnic shelter, a playground and easy access to the hiking and biking trails. An operational community building ensures continued high visitation to this building and the spaces surrounding it and encourages a more connected community. The benefits of the new unit will provide comfortable building occupancy for the current renters, summer camp participants, and future building users.

To measure and evaluate the success of The John Floyd Field Community Building maintenance project, The Parklands will employ both quantitative and qualitative methods to assess impact and sustainability, evaluating both immediate outcomes and long-term effectiveness.

Visitor satisfaction will be tracked through various channels. Visitation data will be analyzed to determine if the improvements meet the community's needs. High visitation numbers will serve as a key indicator of visitor satisfaction and the positive reception of the upgrades. Feedback will also be gathered through surveys sent via The Parklands' e-newsletter, online reviews, social media comments, and direct communication with staff. This feedback will provide insights into visitor satisfaction.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

The Parklands collaborates with two existing community organizations in the John Floyd Field Community Building and countless other organizations informally.

The Jeffersontown Youth Soccer League, which manages 13 multi-sized fields surrounding the building, provides youth soccer and coaching for the children in the Jefferson County Kentucky area. The organization develops sportsmanship, teamwork, and skills through its recreational and select soccer programs. Their successful soccer leagues are completely volunteer run and serve multiple age groups from under 6 to high school leagues.

The Parklands partners with a local business, Legend at Pope Lick, which operate out of The John Floyd Field Community Building and offers unique adventures and celebrations.

Public soccer fields and other spaces like the covered picnic shelter and playground invite even more community groups to gather. The building's close proximity to other amenities like the paved hiking and biking trails and an archery range make it a common meeting location for groups.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			\$ 0.00
B: Rent/Utilities			\$ 0.00
C: Office Supplies			\$ 0.00
D: Telephone			\$ 0.00
E: In-town Travel			\$ 0.00
F: Client Assistance (See Detailed List on Page 8)			\$ 0.00
G: Professional Service Contracts			\$ 0.00
H: Program Materials			\$ 0.00
I: Community Events & Festivals (See Detailed List on Page 8)			\$ 0.00
J: Machinery & Equipment			\$ 0.00
K: Capital Project	\$ 21,680.00		\$ 21,680.00
L: Other Expenses (See Detailed List on Page 8)			\$ 0.00
*TOTAL PROGRAM/PROJECT FUNDS	\$ 21,680.00	\$ 0.00	\$ 21,680.00
% of Program Budget	100.00%	0.00%	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	\$ 0.00
United Way	\$ 0.00
Private Contributions (do not include individual donor names)	\$ 0.00
Fees Collected from Program Participants	\$ 0.00
Other (please specify)	\$ 0.00
Total Revenue for Column 2 Expenses **	\$ 0.00

*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

**Must equal or exceed total in column 2.

K D

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
<p align="center"><i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i></p>	<p align="center">\$ 0.00</p>	

*** DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date: 01/01/2026

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:

Applicant's Initials SP

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

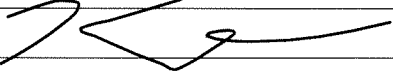
Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

SECTION 8 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:		Date:	03/19/2026
Legal Signatory: (please print):	Kirk Dolan	Title:	Superintendent
Phone:	(502) 718-7722	Extension:	
Email:	kdolan@theparklands.org		



2026 Budget

Revenue and Support:	
Contributions	2,488,054.00
Fund-raising events, net of expenses	1,097,100.00
Grants	348,000.00
Program Fees	290,000.00
Facilities and Events Revenue	710,000.00
Other Income	24,095.00
Investment Income	10,000.00
Release of prior-year funds temporarily restricted	197,815.00
	<u>5,165,064.00</u>
Operating Expenses:	
Maintenance & Operations	1,934,091.00
Horticulture, Natural Areas and Trails	1,460,914.00
Safety	161,396.00
Education	678,909.00
Facility and Events	416,265.00
Programming	35,314.00
Public Awareness	24,792.00
Management and Administrative	314,978.00
Fundraising, excluding event costs	138,405.00
	<u>5,165,064.00</u>
Capital:	
Capital replacement donation	500,000.00
Capital replacement expenses	<u>(500,000.00)</u>
	<u>-</u>
Net Activity	<u><u>-</u></u>



2025 Statement of Activities - UNAUDITED

Revenue and Support	
Contributions	2,668,578
Fund-raising events, net of expenses	1,162,657
Grants	325,212
Program Fees	260,480
Facilities and Events Revenue	596,789
Other Income	29,021
Investment Income	38,380
Less capital donation restricted for future projects	(100,000)
Noncash contributions	130,970
Total Revenue and Support	<u>5,112,087</u>
Operating Expenses:	
Maintenance & Operations	1,755,125
Horticulture, Natural Areas and Trails	823,093
Safety	147,610
Education	648,209
Facility and Events	385,141
Programming	34,987
Public Awareness	24,914
Management and Administrative	569,065
Fundraising, excluding event costs	497,673
Depreciation	3,091,559
Total Operating Expenses	<u>7,977,376</u>
Capital:	
Capital replacement donation	867,110
Capital replacement expenses	<u>(787,618)</u>
Remaining for capital projects not completed in 2025	<u>79,492</u>
Change in Net Assets	<u><u>(2,944,782)</u></u>



Unaudited Statement of Activities for the Quarter Ended 3/31/2026

Revenue and Support:

Contributions	647,276
Fundraising Events, Net of Direct Expenses	131,815
Grants	50,300
Program Fees	4,492
Facilities and Events Revenue	55,937
Other Income	131
Investment Income	8,437
Total Revenue and Support	<u>898,388</u>

Operating Expenses:

Maintenance and Operations	314,917
Horticulture, Natural Areas and Trails	176,526
Safety	26,691
Education	114,003
Facility and Events	77,310
Programming	6,614
Public Awareness	4,955
Management and Administrative	156,210
Fundraising, Excluding Direct Event Expenses	94,378
Depreciation	760,651
Total Operating Expenses	<u>1,732,255</u>

Capital:

Capital Replacement Donations and Grants (Full-Year)	850,000
Capital Replacement Through 3/31/2026	<u>(110,081)</u>
Remaining for 2026 Capital Replacement Planned or In Process	<u>739,919</u>

Change in Net Assets	<u><u>(93,948)</u></u>
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INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAY 26 2005**

21ST CENTURY PARKS INC
111 W WASHINGTON ST
LOUISVILLE, KY 40202

Employer Identification Number:
20-1780317
DLN:
17053300055004
Contact Person:
KAREN T HOOD ID# 75069
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
October 14, 2004
Contribution Deductibility:
Yes
Advance Ruling Ending Date:
December 31, 2008

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

Letter 1045 (DO/CG)

21ST CENTURY PARKS INC

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Header section A-M containing organization details: 21ST CENTURY PARKS, INC., THE PARKLANDS OF FLOYDS FORK, 9200 SHELBYVILLE ROAD, LOUISVILLE, KY 40222. Includes tax-exempt status (501(c)(3)), website (WWW.THEPARKLANDS.ORG), and formation year (2004).

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1. Mission statement; 2-7. Governance and revenue metrics; 8-12. Revenue breakdown (Total: 12,089,541); 13-19. Expenses breakdown (Total: 4,621,958); 20-22. Net assets or fund balances (Total: 97,457,334).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature block containing: Sign Here (MR. DAVID MORGAN, PRESIDENT), Preparer (JAMES STEVISON), and Firm details (L BMC, PC, 325 WEST MAIN STREET, STE 1600, LOUISVILLE, KY 40202).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: 21ST CENTURY PARKS SERVES AS A STEWARD ENTRUSTED TO 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 prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,570,554. including grants of \$ 250,000.) (Revenue \$)

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 ANNUAL PUBLIC TAX DOLLARS FOR OPERATIONS. IN 2024, THE PARKLANDS HOSTED NEARLY 4 MILLION VISITORS FROM ACROSS THE REGION. THESE VISITORS HIKE AND BIKE THE 46 MILES OF MULTI-USE TRAILS, PADDED 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

4b (Code:) (Expenses \$ 511,090. including grants of \$) (Revenue \$)

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 145 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 2024, 21ST CENTURY PARKS, INC. HARVESTED OVER 1,000 CHESTNUTS FOR

4c (Code:) (Expenses \$ 604,733. including grants of \$) (Revenue \$ 300,398.)

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 THROUGH OUR OUTDOOR CLASSROOM PROGRAMMING. IN 2024, OUR EDUCATION TEAM DELIVERED OVER 22,600 EDUCATIONAL EXPERIENCES, INCLUDING MORE THAN 12,000 SCHOLARSHIPS TO TITLE 1 STUDENTS FOR IN-PARK FIELD TRIPS AND IN-CLASSROOM OUTREACH.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 6,686,377.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 12a. 'X' marks indicate 'Yes' responses.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Description, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and document changes.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed KY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID MORGAN PRESIDENT & ASSISTANT TREA	40.00			X			326,600.	0.	29,114.	
(2) SAM STEWART VICE PRESIDENT OF DEVELOPMENT & ADMI	40.00				X		163,640.	0.	13,706.	
(3) LISA JESSIE CONTROLLER	40.00				X		115,000.	0.	11,668.	
(4) AARON BOGGS DIRECTOR OF HORTICULTURE AND NATURAL	40.00				X		103,940.	0.	11,065.	
(5) DR. DANIEL H. JONES CHAIR	20.00	X		X			0.	0.	0.	
(6) LAURA FORBES SECRETARY	1.00			X			0.	0.	0.	
(7) BRYAN K. JOHNSON TREASURER	1.00	X		X			0.	0.	0.	
(9) LOUANN ATLAS DIRECTOR	1.00	X					0.	0.	0.	
(10) CAROL L. JONES DIRECTOR	1.00	X					0.	0.	0.	
(11) CHARLES P. MARSH DIRECTOR	1.00	X					0.	0.	0.	
(12) JOHN A. MOORE DIRECTOR	1.00	X					0.	0.	0.	
(13) MARY NIXON DIRECTOR	1.00	X					0.	0.	0.	
(14) KENNETH L. PAYNE DIRECTOR	1.00	X					0.	0.	0.	
(15) LUKE SCHMIDT DIRECTOR	1.00	X					0.	0.	0.	
(16) DAVID Y. WOOD DIRECTOR	1.00	X					0.	0.	0.	
(17) HANK ROBINSON DIRECTOR	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotal and total rows.

- 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes total row for 2 Total number of independent contractors.

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	250,000.	250,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	334,659.	223,106.	37,184.	74,369.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,960,136.	1,483,364.	149,806.	326,966.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	70,560.	53,838.	5,254.	11,468.
9 Other employee benefits	155,027.	117,677.	11,736.	25,614.
10 Payroll taxes	152,790.	115,986.	11,564.	25,240.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	43,851.		43,851.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	430,607.	372,100.	58,507.	
12 Advertising and promotion	27,513.	13,857.		13,656.
13 Office expenses	52,205.	7,933.	30,917.	13,355.
14 Information technology				
15 Royalties				
16 Occupancy	215,854.	107,173.	107,142.	1,539.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	409.		409.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,064,160.	3,061,676.	2,484.	
23 Insurance	384,163.	375,208.	8,955.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	284,555.	284,555.		
b EQUIPMENT AND SUPPLIES	165,742.	89,058.	38,684.	38,000.
c PLANTS AND TURF	130,846.	130,846.		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,723,077.	6,686,377.	506,493.	530,207.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	2,074,035.	1	2,722,497.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,033,704.	3	1,031,743.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	135,716.	9	183,611.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 123,717,134.		
	b	Less: accumulated depreciation	10b 32,021,421.	94,561,934.	10c 91,695,713.
	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	0.	15	778,075.
16	Total assets. Add lines 1 through 15 (must equal line 33)	97,805,389.	16	96,411,639.	
Liabilities	17	Accounts payable and accrued expenses	171,559.	17	488,926.
	18	Grants payable		18	
	19	Deferred revenue	176,496.	19	149,703.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	788,473.
	26	Total liabilities. Add lines 17 through 25	348,055.	26	1,427,102.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>				
	and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	95,509,903.	27	93,001,668.
	28	Net assets with donor restrictions	1,947,431.	28	1,982,869.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>				
	and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30		
31	Retained earnings, endowment, accumulated income, or other funds		31		
32	Total net assets or fund balances	97,457,334.	32	94,984,537.	
33	Total liabilities and net assets/fund balances	97,805,389.	33	96,411,639.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,254,829.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,723,077.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,468,248.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	97,457,334.
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	-4,549.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	94,984,537.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2024)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2023. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2024. 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	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2023. 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 organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4025715.	4495927.	4294273.	11753775.	4886299.	29455989.
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	67,777.	165,606.	180,044.	223,250.	254,619.	891,296.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	4093492.	4661533.	4474317.	11977025.	5140918.	30347285.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	538,366.	741,000.	593,114.	277,500.	1385764.	3535744.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		1345819.	1663466.	2054466.	539,859.	5603610.
c Add lines 7a and 7b	538,366.	2086819.	2256580.	2331966.	1925623.	9139354.
8 Public support. (Subtract line 7c from line 6.)						21207931.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	4093492.	4661533.	4474317.	11977025.	5140918.	30347285.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	306,422.	568,879.	663,492.	621,971.	734,936.	2895700.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	306,422.	568,879.	663,492.	621,971.	734,936.	2895700.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	28,170.	4,012.	38,835.	16,284.	45,779.	133,080.
13 Total support. (Add lines 9, 10c, 11, and 12.)	4428084.	5234424.	5176644.	12615280.	5921633.	33376065.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	63.54 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	83.79 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	8.68 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	8.72 %

19a **33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Contains questions 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body and benefit.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding directors/trustees.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding support provided and relationship.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding the Integral Part Test and Activities Test.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

**Schedule B
(Form 990)**
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization 21ST CENTURY PARKS, INC.	Employer identification number 20-1780317
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization 21ST CENTURY PARKS, INC.	Employer identification number 20-1780317
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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
1	<hr/> <hr/> <hr/>	\$ <u>1,101,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>307,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>127,799.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>103,689.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization 21ST CENTURY PARKS, INC.	Employer identification number 20-1780317
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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
7		\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ <u>70,295.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ <u>37,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ <u>37,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

21ST CENTURY PARKS, INC.

20-1780317

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization 21ST CENTURY PARKS, INC.	Employer identification number 20-1780317
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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
19	<hr/> <hr/> <hr/>	\$ <u>25,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ <u>25,080.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization 21ST CENTURY PARKS, INC.	Employer identification number 20-1780317
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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
25	<hr/> <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/> <hr/>	\$ 23,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/> <hr/>	\$ 20,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization 21ST CENTURY PARKS, INC.	Employer identification number 20-1780317
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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
31	_____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	_____	\$ 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	_____	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	_____	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	_____	\$ 15,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	_____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization 21ST CENTURY PARKS, INC.	Employer identification number 20-1780317
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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
37	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization 21ST CENTURY PARKS, INC.	Employer identification number 20-1780317
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ <u>10,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ <u>10,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ <u>10,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ <u>10,081.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ <u>10,055.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization 21ST CENTURY PARKS, INC.	Employer identification number 20-1780317
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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
49	<hr/> <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

21ST CENTURY PARKS, INC.

20-1780317

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

21ST CENTURY PARKS, INC.

20-1780317

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 9,530.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization 21ST CENTURY PARKS, INC.	Employer identification number 20-1780317
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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
67		\$ <u>8,707.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ <u>8,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ <u>8,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ <u>8,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ <u>7,749.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ <u>7,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization 21ST CENTURY PARKS, INC.	Employer identification number 20-1780317
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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
73	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	 <hr/> <hr/> <hr/>	\$ <u>6,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	 <hr/> <hr/> <hr/>	\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	 <hr/> <hr/> <hr/>	\$ <u>6,350.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	 <hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

21ST CENTURY PARKS, INC.

20-1780317

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 5,704.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 5,684.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

21ST CENTURY PARKS, INC.

20-1780317

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 5,170.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 5,158.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 5,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization 21ST CENTURY PARKS, INC.	Employer identification number 20-1780317
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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
91	<hr/> <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<hr/> <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<hr/> <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<hr/> <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<hr/> <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<hr/> <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization 21ST CENTURY PARKS, INC.	Employer identification number 20-1780317
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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
97	<hr/> <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	<hr/> <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	<hr/> <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	<hr/> <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	<hr/> <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	<hr/> <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization 21ST CENTURY PARKS, INC.	Employer identification number 20-1780317
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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
103	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization 21ST CENTURY PARKS, INC.	Employer identification number 20-1780317
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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
<u>109</u>	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
<u>110</u>	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
<u>111</u>	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
<u>112</u>	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
<u>113</u>	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
<u>114</u>	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization 21ST CENTURY PARKS, INC.	Employer identification number 20-1780317
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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
115		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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
47	STOCK GIFTS	\$ 10,081.	11/21/24
48	STOCK GIFTS	\$ 10,055.	01/30/24
87	STOCK GIFTS	\$ 5,158.	12/31/24
		\$	
		\$	
		\$	

Name of organization 21ST CENTURY PARKS, INC.	Employer identification number 20-1780317
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D

(Form 990)
(Rev. December 2024)
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

Open to Public Inspection

Name of the organization

21ST CENTURY PARKS, INC.

Employer identification number

20-1780317

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-------------------------------------|---------------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b**

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		28,502,751.		28,502,751.
b Buildings		22,429,977.	7,993,436.	14,436,541.
c Leasehold improvements				
d Equipment		1,332,709.	1,128,237.	204,472.
e Other		71,451,697.	22,899,748.	48,551,949.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				91,695,713.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	788,473.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	6,001,038.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	111,663.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	634,546.	
e	Add lines 2a through 2d		2e	746,209.
3	Subtract line 2e from line 1		3	5,254,829.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,254,829.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	8,473,835.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	111,663.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	639,095.	
e	Add lines 2a through 2d		2e	750,758.
3	Subtract line 2e from line 1		3	7,723,077.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	7,723,077.

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:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND APPLICABLE STATE AND LOCAL STATUTES. OUR TAX PROVISIONS AND ACCRUALS FOR FUTURE UNRELATED BUSINESS TAXABLE INCOME, INTERPRETATIONS, AND TAX PLANNING STRATEGIES HAVE BEEN EVALUATED FOR POTENTIAL UNCERTAIN TAX POSITIONS. WE BELIEVE OUR ESTIMATES ARE APPROPRIATE BASED ON CURRENT FACTS AND CIRCUMSTANCES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL/EVENT EXPENSES	382,302.
FUNDRAISING EVENT EXPENSES	252,244.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	634,546.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES	252,244.
DISCOUNT/ALLOWANCE ON PLEDGES	4,549.
RENTAL/EVENT EXPENSES	382,302.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	639,095.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		FIELD AND FORK (event type)	PARKLANDS LUNCHEON (event type)	3 (total number)		
Revenue	1	926,389.	228,947.	183,578.	1,338,914.	
	2	926,389.	228,947.	183,578.	1,338,914.	
	3					
Direct Expenses	4					
	5			6,118.	6,118.	
	6	46,088.	14,000.	27,173.	87,261.	
	7	44,149.	19,317.	6,431.	69,897.	
	8	3,225.			3,225.	
	9	57,690.	11,845.	16,208.	85,743.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				252,244.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-252,244.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1			
Direct Expenses	2				
	3				
	4				
	5				
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a 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 \$ _____

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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 \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Name of the organization

21ST CENTURY PARKS, INC.

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance
21ST CENTURY PARKS ENDOWMENT, INC. 471 WEST MAIN STREET, SUITE 202 LOUISVILLE, KY 40202	20-8834817	501(C)(3)	250,000.	0.		

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

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

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

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

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

PART I, LINE 2:
21ST CENTURY PARKS INC. (THE PARKLANDS OF FLOYDS FORK) RECEIVED \$250,000 VIA THE NATIONAL PHILANTHROPIC TRUST FROM AN ANONYMOUS DONOR. THE 21ST CENTURY PARKS INC. BOARD OF DIRECTORS VOTED TO SEND THE DONATION TO THE DAVID AND BETTY JONES FUND FOR PARKLANDS OPERATIONS, WHICH IS HELD AT THE 21ST CENTURY PARKS ENDOWMENT INC. WHEN THE ENDOWMENT DONATES TO 21ST CENTURY PARKS (THE PARKLANDS), IT IDENTIFIES THE FUNDING SOURCE OF THE MONEY AND ITS RESTRICTED USE. IN THIS CASE, WHEN GRANTS FROM THE \$250,000 COME BACK TO 21ST CENTURY PARKS (THE PARKLANDS), THE ENDOWMENT WILL DESIGNATE THAT THE MONEY IS FROM THE DAVID AND BETTY JONES FUND AND DESIGNATED FOR OPERATIONAL EXPENSES.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

21ST CENTURY PARKS, INC.

Employer identification number
20-1780317

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

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 organization: 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)

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation		
(1) DAVID MORGAN PRESIDENT & ASSISTANT TREA	(i)	326,600.	0.	0.	13,064.	16,050.
	(ii)	0.	0.	0.	0.	0.
(2) SAM STEWART VICE PRESIDENT OF DEVELOPMENT & ADMI	(i)	163,640.	0.	0.	6,546.	7,160.
	(ii)	0.	0.	0.	0.	0.
	(i)					
	(ii)					
	(i)					
	(ii)					
	(i)					
	(ii)					
	(i)					
	(ii)					
	(i)					
	(ii)					
	(i)					
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	(i)					
	(ii)					
	(i)					
	(ii)					
	(i)					
	(ii)					
	(i)					
	(ii)					

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization **21ST CENTURY PARKS, INC.** Employer identification number **20-1780317**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	3	25,294.	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				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>EVENT PRIZES</u>)	X	1	20,690.	FMV
26 Other (<u>PARK SUPPLIES</u>)	X	1	920.	FMV
27 Other (_____)				
28 Other (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2024

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, LINE 32B:

THE ORGANIZATION RELIES ON A THIRD PARTY TO SELL DONATED STOCK AND MARKETABLE SECURITIES WHICH ARE SOLD IMMEDIATELY AND CONVERTED TO CASH AND SENT BACK TO THE ORGANIZATION.

Lined area for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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:
REGISTERED ALMOST 400 DOG OWNERS AT THE BARKLANDS DOG PARK. AREA
INDIVIDUALS AND BUSINESSES CONTRIBUTED 1,200 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,
SUCH MATTERS UNDER CONSIDERATION BY THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:
THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE
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 2024.

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 2024.

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 ON PLEDGES RECEIVABLE -4,549.

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

21ST CENTURY PARKS, INC.

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public char status (if sect 501(c)(3))
21ST CENTURY PARKS ENDOWMENT, INC. - 20-8834817, 471 WEST MAIN ST., SUITE 202, LOUISVILLE, KY 40202	FUNDING 21ST CENTURY PARKS	KENTUCKY	501(C)(3)	LINE 7

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and trans

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method
(1) 21ST CENTURY PARKS ENDOWMENT, INC.	B	250,000.	CASH
(2) 21ST CENTURY PARKS ENDOWMENT, INC.	C	1,101,000.	CASH
(3)			
(4)			
(5)			
(6)			

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Trey Grayson
Secretary of State
Received and Filed
10/14/2004 12:36:56 PM
Fee Receipt: \$8.00

ARTICLES OF INCORPORATION
OF
21st CENTURY PARKS, INC.

The undersigned Incorporator, Bryan K. Johnson, executes these Articles of Incorporation for the purpose of forming and does hereby form a nonstock, nonprofit corporation under the laws of the Commonwealth of Kentucky (KRS 273.161 et seq.), with all the rights, privileges and immunities of a corporation organized for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), or its successor provisions, in accordance with the following provisions:

ARTICLE I

Name

The name of the corporation is 21st Century Parks, Inc. (the "Corporation").

ARTICLE II

Purposes and Powers

The purposes for which the Corporation is formed, the business and objectives to be carried on and promoted by it, and the powers granted to it, are as follows:

A. The particular purposes of the Corporation shall be to acquire, dedicate, preserve and establish open spaces in and around Jefferson County, Kentucky and elsewhere, and such purposes include, without limitation, to:

(a) consult, cooperate with and coordinate efforts of metro governments to encourage all levels of government to actively promote the protection and preservation of undeveloped natural green spaces, encourage public use of such spaces, and enhance the quality of life for all metro area residents by providing free open and natural spaces for public use;

(b) purchase undeveloped green spaces and establish parks and park facilities for both active and passive uses by the public, including, but not limited to, construction and maintenance of playing fields, courts, nature trails, walking and biking paths, and other recreational spaces;

(c) increase the number of public open, undeveloped preserved areas and related landscapes within urban-county areas;

(d) increase the number of communities within metro areas which have access to undeveloped, open green spaces for the health, benefit, and enjoyment of the public; and

(e) raise awareness of benefits of public use of park space and undeveloped natural spaces.

B. The general purposes of the Corporation are as follows:

(a) The Corporation is irrevocably dedicated to and is organized and operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Code (or its successor provision). The Corporation shall receive contributions and fees, and shall use, expend and distribute its funds and assets for public and charitable purposes, as set forth in these Articles. In carrying out its corporate purposes, the Corporation shall have all the powers allowed corporations by the Kentucky Nonprofit Corporation Acts, KRS 273.161 et seq.; provided, however, that the Corporation shall not have or exercise any power inconsistent with or prohibited by the provisions of Paragraphs (a), (b), (c), and, if applicable, (d) of this Article II.

(b) As limited by Section 501(c)(3) of the Code, it is expressly not the purpose of the Corporation and the Corporation is not empowered to participate or intervene in (including the publication or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. If Section 4945 of the Code is applicable to the Corporation, the Corporation is not empowered to attempt to influence legislation or carry on propaganda within the meaning of Section 4945(e) of the Code. If Section 4945 of the Code is not applicable to the Corporation, the Corporation shall not devote more than an insubstantial part of its activities to carrying on propaganda or otherwise attempting to influence legislation.

(c) Any other provision of these Articles to the contrary notwithstanding, the Corporation shall have no capital stock and no power to issue certificates of stock nor to declare dividends; no part of the net earnings of the Corporation shall inure to the benefit of any private individual; and the Corporation shall not carry on any activities denied to: [i] a corporation described in Section 501(c)(3) of the Code, including activities prohibited by Section 501(m) of the Code; or [ii] a corporation, contributions to which are deductible under Section 170(c)(2) of the Code.

(d) Any other provision of these Articles to the contrary notwithstanding, this Corporation shall, if the following provisions of law are applicable to it: [i] not engage in any act of

self dealing as defined in Section 4941 of the Code; [ii] distribute its income for each fiscal year at such time and in such manner as not to be subject to the tax under Section 4942 of the Code; [iii] not retain any excess business holdings as defined in Section 4943 of the Code; [iv] not make any investments in such manner as to subject the Corporation to tax under Section 4944 of the Code; and [v] not make any taxable expenditures as defined in Section 4945 of the Code.

ARTICLE III

Initial Registered Office and Agent

The street address of the Corporation's initial registered office and the name of its initial registered agent at that address is:

Gary R. Weitkamp
Reed Weitkamp Schell & Vice PLLC
500 West Jefferson Street, Suite 2400
Louisville, Kentucky 40202

ARTICLE IV

Mailing Address

The mailing address of the Corporation's principal office is:

111 West Washington Street
Louisville, KY 40202

ARTICLE V

Duration

The Corporation shall have perpetual existence.

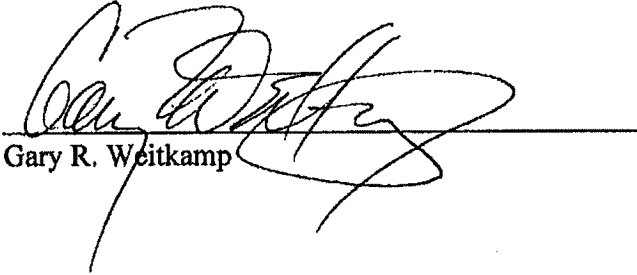
ARTICLE VI

Directors

The affairs of the Corporation shall be managed by a Board of Directors. The initial Board of Directors shall consist of eight (8) persons who shall serve until their successors are elected and qualified. The names and addresses of the initial Directors are:

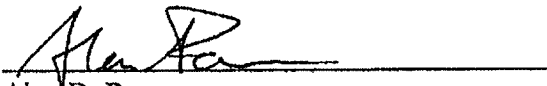
CONSENT OF REGISTERED AGENT

The undersigned hereby consents to serve as registered agent at the above named address for 21st Century Parks, Inc. until the undersigned notifies the Secretary of State in writing of his resignation as registered agent.



Gary R. Weitkamp

This Instrument Prepared By:



Alan D. Pauw
Reed Weitkamp Schell & Vice PLLC
500 W. Jefferson Street, Suite 2400
Louisville, Kentucky 40202
(502) 589-1000



January 30, 2026

PROPOSAL #PP014692

Parklands
4002 South Pope Lick Road
Louisville, KY 40299

SCOPE

Furnish and install all labor and materials to address failed WSHP#2. This unit has a failed compressor and is out of refrigerant. WSHP#2 data in this proposal is as follows:

Brand: Water Furnace
Model Number: NDV064TR001CBNN21SSA
Serial Number: YC2608
Unit Size: 5 Ton Geothermal Heat Pump w/ Electric Heater Kit
RTU Age: 18 Years Old

REPLACE WSHP#2

The new WSHP will be of equal capacities to the existing unit. The new unit will be installed in the same location as the existing equipment. The units will be raised and lowered from the attic with an electric winch. KCC will use a flush cart to ensure all air pockets are removed from the ground loop. KCC will replace the hose kit from the flow center to the new WSHP. This price includes the installation of an external twinning kit to ensure the new unit will work with the existing thermostat and twinned unit (WSHP#1). To flush this system, it will require a water hose connection within 200ft of the unit. The new unit is GeoStar brand equipment, made by Water Furnace. The new unit will be connected to the existing:

- Electrical high voltage power wiring
 - Flow Center
 - Supply Duct
 - Return Duct
 - Control low voltage wiring
 - Ground Loop
-
- KCC will perform start-up to ensure proper operation of the new unit.
 - KCC will remove old equipment from the site and dispose of upon completion of the project.

2716 Grassland Drive
Louisville, KY 40299
502-491-9880
502-493-5777 (Fax)

125K Trade Street
Lexington, KY 40511
859-313-5244
859-313-5344 (Fax)

abryant@kycomfort.com



WARRANTY:

- 1 Year Limited Labor Warranty
- 2 Year Limited Parts Warranty
- 5 Year Limited Compressor and Coil Warranty (Parts Only)

(Warranty starts on day of Installation)

PRICE: \$21,680.00

PROPOSAL VALID FOR THIRTY (30) DAYS

CUSTOMER ACCEPTANCE OF PROPOSAL

CONTRACTOR ACCEPTANCE OF PROPOSAL

NAME: _____

NAME: _____

DATE: _____

DATE: _____

2716 Grassland Drive
Louisville, KY 40299
502-491-9880
502-493-5777 (Fax)

125K Trade Street
Lexington, KY 40511
859-313-5244
859-313-5344 (Fax)

abryant@kycomfort.com

**Request for Taxpayer
Identification Number and Certification**
Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) 21ST CENTURY PARKS, INC.	
	2	Business name/disregarded entity name, if different from above. THE PARKLANDS OF FLOYDS FORK	
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) QUALIFIED 501(C)(3) CHARITABLE ORGANIZATION	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>1</u> Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5	Address (number, street, and apt. or suite no.). See instructions. 9200 SHELBYVILLE ROAD SUITE 530	Requester's name and address (optional)
	6	City, state, and ZIP code LOUISVILLE KY 40222	
	7	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number																				
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2	0	-	1	7	8	0	3	1	7											

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person <i>Kissa M. Geisse CPA, Controller</i>	Date <i>02/24/2026</i>
------------------	---	------------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Financial Statements

21st Century Parks, Inc. (d/b/a The Parklands of Floyds Fork)

December 31, 2024 and 2023

LBMC

Financial Statements

21st Century Parks, Inc. (d/b/a The Parklands of Floyds Fork)

December 31, 2024 and 2023

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www.LBMC.com

LOUISVILLE | 325 West Main Street | SUITE 1600
LOUISVILLE, KY 40202
(502) 585-1600

Independent Auditors' Report

Board of Directors
21st Century Parks, Inc. (d/b/a The Parklands of Floyds Fork)
Louisville, Kentucky

Opinion

We have audited the accompanying financial statements of 21st Century Parks, Inc. (d/b/a The Parklands of Floyds Fork) (the "Organization"), which comprise the statements of financial position as of December 31, 2024 and 2023, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of December 31, 2024 and 2023, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

L B M C, P C

Louisville, Kentucky
May 6, 2025

Statements of Financial Position

21st Century Parks, Inc. (d/b/a The Parklands of Floyds Fork)

	December 31	
	2024	2023
Current Assets		
Cash and cash equivalents	\$ 2,722,497	\$ 2,074,035
Pledges receivable, current portion	190,500	362,010
Grants receivable, current portion	125,000	100,000
Prepaid expenses and other assets	183,611	135,716
Total Current Assets	3,221,608	2,671,761
Noncurrent Assets		
Long-term portion of pledges receivable, net	491,243	271,694
Long-term portion of grants receivable	225,000	300,000
Right-of-use operating lease assets	778,075	-
Park assets and equipment, net	91,695,713	94,539,524
Construction in progress	-	22,410
Total Noncurrent Assets	93,190,031	95,133,628
Total Assets	\$ 96,411,639	\$ 97,805,389
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	\$ 113,221	\$ 85,118
Accrued expenses	375,705	86,441
Deferred revenue	149,703	176,496
Current portion of operating lease liabilities	57,678	-
Total Current Liabilities	696,307	348,055
Long-Term Portion of Lease Liabilities	730,795	-
Net Assets		
Without donor restrictions	93,001,668	95,509,903
With donor restrictions	1,982,869	1,947,431
Total Net Assets	94,984,537	97,457,334
Total Liabilities and Net Assets	\$ 96,411,639	\$ 97,805,389

See Notes to Financial Statements

Statements of Activities

21st Century Parks, Inc. (d/b/a The Parklands of Floyds Fork)

	Year Ended December 31					
	2024			2023		
	Net Assets without Donor Restrictions	Net Assets with Donor Restrictions	Total	Net Assets without Donor Restrictions	Net Assets with Donor Restrictions	Total
Support						
Contributions	\$ 2,101,393	\$ 650,000	\$ 2,751,393	\$ 2,192,189	\$ 481,813	\$ 2,674,002
Nonfinancial contributions	133,273		133,273	3,169,739		3,169,739
Special events	1,318,224		1,318,224	1,132,271		1,132,271
Grants	313,725	481,347	795,072	3,820,000	706,500	4,526,500
Net investment return	40,498		40,498	6,243		6,243
Loss on abandonment of construction in progress	(22,841)		(22,841)	-		-
Gain on disposal of equipment	583		583			
Loss on disposition of donated stock	(529)		(529)			
Total Support	3,884,326	1,131,347	5,015,673	10,320,442	1,188,313	11,508,755
Revenues						
Program fees	254,619		254,619	223,250		223,250
Facility and events revenues	684,967		684,967	621,971		621,971
Employee retention tax credit				251,263		251,263
Other revenues	45,779		45,779	16,284		16,284
Total Revenues	985,365		985,365	1,112,768		1,112,768
Net Assets Released from Restrictions	1,095,909	(1,095,909)	-	771,540	(771,540)	-
Expenses						
Total Support and Revenues	5,965,600	35,438	6,001,038	12,204,750	416,773	12,621,523
Program	7,068,680		7,068,680	6,704,113		6,704,113
Management and general	489,794		489,794	496,393		496,393
Fundraising	915,361		915,361	826,970		826,970
Total Expenses	8,473,835		8,473,835	8,027,476		8,027,476
Increase (Decrease) in Net Assets	(2,508,235)	35,438	(2,472,797)	4,177,274	416,773	4,594,047
Net Assets Beginning of Year	95,509,903	1,947,431	97,457,334	91,332,629	1,530,658	92,863,287
Net Assets End of Year	\$ 93,001,668	\$ 1,982,869	\$ 94,984,537	\$ 95,509,903	\$ 1,947,431	\$ 97,457,334

See Notes to Financial Statements

Statement of Functional Expenses

21st Century Parks, Inc. (d/b/a The Parklands of Floyds Fork)

Year Ended December 31, 2024

	Program Activities				Supporting Activities				Total Expenses
	Operations and Horticulture	Facilities and Events	Education	Programs Subtotal	Management and General	Fundraising	Supporting Subtotal		
Salaries, wages and benefits	\$ 1,525,148	\$ 292,302	\$ 468,823	\$ 2,286,273	\$ 215,544	\$ 463,656	\$ 679,200	\$ 2,965,473	
Repairs and maintenance	268,764	6,839	15,792	291,395	-	-	-	291,395	
Awareness and marketing	10,696	14,763	3,161	28,620	-	13,656	13,656	42,276	
Equipment and supplies	77,423	11,868	11,635	100,926	38,684	38,001	76,685	177,611	
Plants and turf	130,845	-	-	130,845	-	-	-	130,845	
Professional services	322,948	32,476	49,151	404,575	79,947	-	79,947	484,522	
Depreciation	2,911,344	110,203	40,129	3,061,676	2,484	-	2,484	3,064,160	
Occupancy	94,621	22,461	12,553	129,635	14,955	1,539	16,494	146,129	
Lease expense	-	-	-	-	69,189	-	69,189	69,189	
Insurance	375,208	-	-	375,208	8,955	-	8,955	384,163	
Interest expense	-	-	-	-	409	-	409	409	
Nonfinancial expenses	-	-	-	-	-	133,273	133,273	133,273	
Office relocation	-	-	-	-	33,396	-	33,396	33,396	
Office supplies	4,446	1,592	3,489	9,527	30,780	12,992	43,772	53,299	
Fundraising events	-	-	-	-	-	252,244	252,244	252,244	
Grants to other organizations	250,000	-	-	250,000	-	-	-	250,000	
Allowance (discount) on pledges	-	-	-	-	(4,549)	-	(4,549)	(4,549)	
Total Expenses	\$ 5,971,443	\$ 492,504	\$ 604,733	\$ 7,068,680	\$ 489,794	\$ 915,361	\$ 1,405,155	\$ 8,473,835	

See Notes to Financial Statements

Statement of Functional Expenses

21st Century Parks, Inc. (d/b/a The Parklands of Floyds Fork)

Year Ended December 31, 2023

	Program Activities				Supporting Activities				Total Expenses
	Operations and Horticulture	Facilities and Events	Education	Programs Subtotal	Management and General	Fundraising	Supporting Subtotal	Total Expenses	
Salaries, wages and benefits	\$ 1,559,431	\$ 274,883	\$ 414,536	\$ 2,248,850	\$ 200,840	\$ 440,352	\$ 641,192	\$ 2,890,042	
Repairs and maintenance	301,688	28,550	20,236	350,474	-	-	-	350,474	
Awareness and marketing	17,807	10,143	3,032	30,982	-	9,010	9,010	39,992	
Equipment and supplies	89,099	3,587	11,465	104,151	37,668	39,697	77,365	181,516	
Plants and turf	108,083	-	-	108,083	-	-	-	108,083	
Professional services	312,302	31,701	34,022	378,025	103,031	152	103,183	481,208	
Depreciation	2,862,761	107,920	38,623	3,009,304	706	-	706	3,010,010	
Occupancy	83,284	21,690	14,367	119,341	18,003	1,916	19,919	139,260	
Lease expense	-	-	-	-	60,688	-	60,688	60,688	
Insurance	336,842	-	-	336,842	8,328	-	8,328	345,170	
Nonfinancial expenses	8,525	-	172	8,697	504	131,966	132,470	141,167	
Office supplies	3,136	1,241	4,987	9,364	38,714	7,736	46,450	55,814	
Fundraising events	-	-	-	-	-	196,141	196,141	196,141	
Allowance (discount) on pledges	-	-	-	-	27,911	-	27,911	27,911	
Total Expenses	\$ 5,682,958	\$ 479,715	\$ 541,440	\$ 6,704,113	\$ 496,393	\$ 826,970	\$ 1,323,363	\$ 8,027,476	

See Notes to Financial Statements

Statements of Cash Flows

21st Century Parks, Inc. (d/b/a The Parklands of Floyds Fork)

	<u>Year Ended December 31</u>	
	<u>2024</u>	<u>2023</u>
Operating Activities		
Increase (decrease) in net assets	\$ (2,472,797)	\$ 4,594,047
Adjustments		
Change in discount on pledges receivable	4,984	29,127
Change in allowance for uncollectible pledges receivable	(435)	750
Depreciation	3,064,160	3,010,010
Amortization of right-of-use assets	44,960	-
Non-cash donation of investments	(29,050)	(31,419)
Non-cash donation of property	-	(3,029,076)
Proceeds from sale of investments	28,521	30,984
Loss on sale of donated stock	529	435
Loss on abandonment of construction in progress	22,841	-
Changes in operating assets and liabilities		
Pledges receivable	(52,588)	59,544
Grants receivable	50,000	(340,000)
Prepaid expenses and other assets	(47,895)	39,599
Accounts payable	28,103	(159,883)
Accrued expenses	289,264	19,842
Deferred revenue	(26,793)	23,799
Payments on operating lease liability	(34,562)	-
Net Cash Provided By Operating Activities	<u>869,242</u>	<u>4,247,759</u>
Investing Activities		
Proceeds from the sale of property and equipment	1,005	-
Purchase of land and park easements	(6,900)	(3,314,933)
Purchase of building improvements	(58,067)	(335,460)
Purchase of park amenities	(10,143)	(7,770)
Purchase of park infrastructure, equipment, vehicles and furniture	(146,675)	(239,577)
Net Cash Used In Investing Activities	<u>(220,780)</u>	<u>(3,897,740)</u>
Net Increase in Cash and Cash Equivalents	648,462	350,019
Cash and Cash Equivalents Beginning of Year	<u>2,074,035</u>	<u>1,724,016</u>
Cash and Cash Equivalents End of Year	<u><u>\$ 2,722,497</u></u>	<u><u>\$ 2,074,035</u></u>
Supplemental Cash Flow Disclosures		
Non-cash Investing Activities		
Non-cash donation of land		<u>\$ 3,029,076</u>
Non-cash acquisition of right-of-use office space and equipment	<u>\$ 823,035</u>	

See Notes to Financial Statements

Notes to Financial Statements

(d/b/a The Parklands of Floyds Fork)

December 31, 2024 and 2023

Note A--Nature of the Organization

Founded in 2004, 21st Century Parks, Inc. (d/b/a The Parklands of Floyds Fork) ("we") is a Kentucky-based non-profit corporation which develops, funds, and operates The Parklands of Floyds Fork. This over 4,000-acre, master-planned public park is complete, making it the largest new urban park system built in the nation in at least the last twenty years. Even more unique, this Park, which charges no admission fee for entry, is operated without receiving public tax dollars for operations. In 2024 and 2023, The Parklands of Floyds Fork hosted an estimated 3.96 and 3.38 million visitors, respectively.

We receive significant funding in the form of contributions from the general public as well as from fees charged for educational programs and rental of park facilities.

Note B--Summary of Significant Accounting Policies

We follow accounting principles generally accepted in the United States of America ("GAAP") as outlined in the Financial Accounting Standards Board's ("FASB") *Accounting Standards Codification*. Significant accounting policies are as follows:

Basis of Presentation--Under applicable accounting and financial reporting standards, we are required to report information regarding our financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Cash and Cash Equivalents--We consider only unrestricted cash and investments with original maturities of three months or less to be cash and cash equivalents.

Contributions--Contributions received from donors are recorded as support with donor restrictions or without donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. Contributions received with donor restrictions for future use or specified purposes are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions when a donor's restriction expires or the specified purpose is met.

Pledges Receivable--Pledges receivable are recognized as support when the donor makes a pledge to us that is, in substance, unconditional. Conditional pledges are recognized when the conditions on which they depend are substantially met. Pledges are recorded at net realizable value if expected to be collected in one year and at fair value if expected to be collected in more than one year. Pledges are reviewed periodically for collectability. We use the allowance method to determine uncollectible pledges receivable. The allowance is based on prior years' experience and management's estimate of one percent of the pledges receivable balance. When amounts become uncollectible, they will be charged to the allowance. There were \$2,000 and \$750 in pledges written off during 2024 and 2023, respectively.

Continued

Notes to Financial Statements--Continued

(d/b/a The Parklands of Floyds Fork)

December 31, 2024 and 2023

Note B--Summary of Significant Accounting Policies--Continued

Park Assets and Equipment--We have accumulated land and park easements in order to create, maintain and preserve the acreage to develop the park in accordance with our mission. When we purchase land, we record the land at cost on the date of acquisition including any closing or survey costs. We record land at its fair value if the land was received as a donation. Fair value is generally determined by independent appraisal. Intangible park easements are comprised of listed rights and/or restrictions over the property that are conveyed by the property owner to us which are in perpetuity. We typically have either a full park easement or a 50-foot trail easement. We periodically improve the land and park easements, and those costs are recorded at historical cost unless they are donated and then fair value is utilized as the carrying cost.

We have rights either through fee simple ownership or through park easements to 4,233 acres. A detail of our ownership and rights is as follows:

<u>Interest in Property</u>	<u>Acreage</u>
Fee simple ownership	1,634
Full park easement	1,390
Operating and maintenance agreement with Louisville Metro Government	680
Trail easement	529
Total Acreage	4,233

Park buildings, amenities, infrastructure, equipment, vehicles and furniture consists of assets with a life greater than one year and cost in excess of \$1,000. Park assets and equipment are recorded at cost or their fair value in the case of donated property. These assets are depreciated on a straight-line basis over the estimated useful life of each asset.

Impairment of Long-Lived Assets--We review for the impairment of long-lived assets whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. An impairment loss would be recognized when the asset is deemed to be no longer available for use. There were no charges for impairments of long-lived assets during the years ended December 31, 2024 and 2023.

Leases--We determine if an arrangement is a lease at inception. Operating leases are included in right-of-use ("ROU") lease assets and lease liabilities on our statement of financial position.

Continued

Notes to Financial Statements--Continued

(d/b/a The Parklands of Floyds Fork)

December 31, 2024 and 2023

Note B--Summary of Significant Accounting Policies--Continued

Operating ROU lease assets and liabilities are recognized at the commencement date based on the present value of lease payments over the life of the lease term. As our leases do not provide an implicit rate, we use a risk-free rate based on the information available at the lease commencement date in determining the present value of lease payments.

Nonfinancial Contributions--Donated materials, securities, and property are recorded at their estimated fair values on the date received. Donated services are recorded at their fair value if an objective basis is available to measure the value of such services. Nonfinancial contributions are reflected as support and management and general expenses in the accompanying statements of activities. Nonfinancial contributions are described in Note H. Management has a policy to liquidate all donated securities upon receipt to minimize any investment losses.

Grants--Support from grants are recognized in the same period as the grant related expenses are incurred. Certain restricted grant support received and earned in the same period are recorded as support without donor restrictions in the accompanying statements of activities.

Deferred Revenues--Program fees and facility and events income received in advance of performance of services are deferred and recognized in revenues when services are performed.

Allocation of Functional Expenses--GAAP requires expenses to be reported in certain categories that are attributable to one or more program or supporting functions. Those expenses include depreciation, rent and occupancy charges, and salary expenses. Depreciation is allocated based upon the depreciation expense attributable to individual buildings or structures pertaining to a program or supporting function. Salary, wages and benefits expense is allocated based upon estimates of management time and effort spent in the program or supporting function. Rent and occupancy charges are allocated based upon headcount of individuals within each program or supporting function.

Advertising Costs--We expense advertising costs as they are incurred. Advertising costs that are related to fundraising and costs incurred for public relations purposes are disclosed separately on the face of the financial statements.

Income Taxes--We are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and applicable state and local statutes. Our tax provisions and accruals for future unrelated business taxable income, interpretations, and tax planning strategies have been evaluated for potential uncertain tax positions. We believe our estimates are appropriate based on current facts and circumstances.

Continued

Notes to Financial Statements--Continued

(d/b/a The Parklands of Floyds Fork)

December 31, 2024 and 2023

Note B--Summary of Significant Accounting Policies--Continued

GAAP prescribes 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. We recognize 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, 2024 and 2023, 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.

Fair Value of Financial Instruments--The carrying amounts for assets and liabilities approximate their fair value.

Use of Estimates--The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of support, revenues and expenses during the reporting period. Actual amounts could differ from those estimates.

Subsequent Events--In preparing these financial statements, we have evaluated events and transactions for potential recognition or disclosure through May 6, 2025, the date the financial statements were available to be issued.

Note C--Concentrations

Cash and Cash Equivalents--We maintain cash and cash equivalents at two financial institutions. The balances are insured by the Federal Deposit Insurance Corporation up to \$250,000 at December 31, 2024 and 2023. At December 31, 2024, and 2023, our uninsured cash and cash equivalents totaled approximately \$2,266,000 and \$1,818,000, respectively.

Contributions--We had five major contributors from whom 34% and 16% of our total contributions arose in the years 2024 and 2023, respectively. There were 8% and 44% of the total outstanding pledges receivable from these major contributors as of December 31, 2024 and 2023, respectively.

Disbursements--We had five major vendors we paid 38% and 70% of disbursements in the years 2024 and 2023, respectively. Amounts owed to these vendors were 6% and 9% of the accounts payable balance as of December 31, 2024 and 2023, respectively.

Notes to Financial Statements--Continued

(d/b/a The Parklands of Floyds Fork)

December 31, 2024 and 2023

Note D--Pledges Receivable

Pledges receivable and future maturities consist of the following:

	December 31	
	2024	2023
Amounts due in:		
Less than one year	\$ 190,500	\$ 362,010
One to five years	553,000	338,000
	<u>743,500</u>	<u>700,010</u>
Pledges Receivable, Gross	743,500	700,010
Unamortized discount on pledges receivable	(54,322)	(59,306)
Allowance for uncollectible pledges	(7,435)	(7,000)
	<u>(61,757)</u>	<u>(66,306)</u>
Pledges Receivable, Net	\$ 681,743	\$ 633,704

The pledges receivable due in more than one year were discounted to fair value using a discount rate of 8% as of December 31, 2024 and 2023.

Note E--Park Assets and Equipment

Park assets and equipment consists of the following:

	Life	December 31	
		2024	2023
Land and park easements		\$ 28,502,751	\$ 28,495,851
Buildings	40	22,429,977	22,371,911
Park amenities	5 - 40	13,608,974	13,598,832
Park infrastructure	3 - 40	57,842,723	57,839,270
Park equipment, vehicles and furniture	3 - 7	1,332,709	1,310,294
		<u>123,717,134</u>	<u>123,616,158</u>
Less accumulated depreciation		(32,021,421)	(29,076,634)
		<u>91,695,713</u>	<u>94,539,524</u>
Park Assets and Equipment, Net		\$ 91,695,713	\$ 94,539,524

Notes to Financial Statements--Continued

(d/b/a The Parklands of Floyds Fork)

December 31, 2024 and 2023

Note F--Leases

The ROU assets consist of the following as of December 31, 2024:

	<u>Office Space</u>
Operating Right-of-Use Assets	
As of January 1, 2024	\$ -
Additions	823,035
Amortization	<u>(44,960)</u>
As of December 31, 2024	<u>\$ 778,075</u>

We lease office space under a non-cancellable operating lease agreement through April 2032. The lease has an option to extend for five years, however the option is under review and is not reasonably certain to be exercised. Lease expense for the years ended December 31, 2024 and 2023 was \$69,189 and \$60,688, respectively.

The operating lease liabilities consist of the following as of December 31, 2024:

	<u>Office Space</u>
Operating Lease Liabilities	
As of January 1, 2024	\$ -
Additions	823,035
Repayments of operating lease liability	<u>(34,562)</u>
As of December 31, 2024	<u>\$ 788,473</u>
Operating lease implied interest for 2024	<u>\$ 13,091</u>
2024 operating lease payments used in determining the right-of-use liability	<u>\$ 47,653</u>

Continued

Notes to Financial Statements--Continued

(d/b/a The Parklands of Floyds Fork)

December 31, 2024 and 2023

Note F--Leases--Continued

A summary of future lease payments reconciled to the operating lease liability recorded at December 31, 2024 is as follows:

<u>Year Ended December 31</u>	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
2025	\$ 57,678	\$ 31,893	\$ 89,571
2026	94,067	28,394	122,461
2027	101,711	24,388	126,099
2028	108,584	20,062	128,646
2029	117,088	15,418	132,506
Thereafter	309,345	15,855	325,200
Total Future Lease Payments	\$ 788,473	\$ 136,010	\$ 924,483

A summary of other lease information is as follows:

	<u>December 31</u>	
	<u>2024</u>	<u>2023</u>
Weighted-average remaining lease term - operating leases	7 years	-
Weighted-average discount rate - operating leases	4.12%	-

Note G--Line of Credit

We have a credit agreement with a financial institution establishing a line of credit of up to \$2,000,000. Borrowings are limited to a borrowing base formula based on pledges and grants receivable, which collateralizes the debt. Interest on the unpaid principal balance is payable monthly at the daily SOFR rate (4.49% as of December 31, 2024) plus 210 basis points (2.10%). This credit facility expires June 30, 2025. There were no outstanding borrowings on this line of credit as of December 31, 2024 and 2023.

Notes to Financial Statements--Continued

(d/b/a The Parklands of Floyds Fork)

December 31, 2024 and 2023

Note H--Nonfinancial Contributions

Nonfinancial contributions consisted of the following:

	December 31		Usage
	2024	2023	
Event Supplies	\$ 1,951	\$ 1,951	Fundraising
Marketing	59,793	2,150	Fundraising
Media	32,109	97,215	Fundraising
Event prizes	38,500	30,650	Fundraising
Land		3,029,076	Park operations and horticulture
Park supplies	920	8,697	Education supplies and signage
	\$ 133,273	\$ 3,169,739	

During the year ended December 31, 2023, a related nonprofit organization donated approximately 500 acres of land, at an appraisal value of \$3,029,076. Nonfinancial contributions were valued using estimated average U.S. prices of identical or similar products or services using pricing data of similar products or services under a 'like-kind' methodology, considering the utility of the services and goods at the time of the contribution. No nonfinancial contributions were restricted. We do not sell donated nonfinancial gifts and only uses donated services and goods for our own program or supporting service activities.

Note I--Retirement Plan

We sponsor a Safe-Harbor 401(k) plan to fund retirement for our employees. We match employees' contributions up to four percent of their compensation. We contributed \$70,625 and \$74,540 to this plan during the years ended December 31, 2024 and 2023, respectively.

Notes to Financial Statements--Continued

(d/b/a The Parklands of Floyds Fork)

December 31, 2024 and 2023

Note J--Net Assets with Donor Restrictions

We receive certain contributions for which the use is restricted by the donor or is subject to a time restriction. For the years ended December 31, 2024 and 2023, the activity in net assets with donor restrictions consisted of the following:

	Balance January 1, 2024	Restricted Contributions and Grants	Net Assets Released from Restrictions	Balance December 31, 2024
Restricted for Specified Purpose:				
Programs	\$ 636,366	\$ 411,000	\$ (429,675)	\$ 617,691
Capital projects	859,245	435,000	(485,127)	809,118
Total	1,495,611	846,000	(914,802)	1,426,809
Restricted by Time:				
Pledges and Grants	451,820	285,347	(181,107)	556,060
	<u>\$ 1,947,431</u>	<u>\$ 1,131,347</u>	<u>\$ (1,095,909)</u>	<u>\$ 1,982,869</u>
	Balance January 1, 2023	Restricted Contributions and Grants	Net Assets Released from Restrictions	Balance December 31, 2023
Restricted for Specified Purpose:				
Programs	\$ 236,396	\$ 666,500	\$ (266,530)	\$ 636,366
Capital projects	601,242	334,753	(76,750)	859,245
Total	837,638	1,001,253	(343,280)	1,495,611
Restricted by Time:				
Pledges and Grants	693,020	187,060	(428,260)	451,820
	<u>\$ 1,530,658</u>	<u>\$ 1,188,313</u>	<u>\$ (771,540)</u>	<u>\$ 1,947,431</u>

Notes to Financial Statements--Continued

(d/b/a The Parklands of Floyds Fork)

December 31, 2024 and 2023

Note K--Liquidity and Availability of Financial Assets

As of December 31, 2024, we have \$1,771,371 of financial assets available within one year of the statement of financial position date to meet cash needs for general expenditures. As of December 31, 2023, we had \$1,160,308. None of the financial assets are subject to donor or other contractual restrictions that make them unavailable for general expenditure within one year of the statement of financial position date. The pledges receivable are subject to implied time restrictions but are expected to be collected within one year.

We have a goal to maintain financial assets, and specifically cash, on hand to meet 60 days of normal operating expenses, which are, on average, approximately \$879,200 and \$836,200 for the years ended December 31, 2024 and 2023, respectively. The Organization has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

In addition, as part of our liquidity management, we have a committed line of credit with an available borrowing base of \$2,000,000. This could be drawn upon in the event of an unanticipated liquidity level.

	December 31	
	2024	2023
Financial assets, at year-end	\$ 3,754,240	\$ 3,107,739
Less those unavailable for general expenditures within one year, due to:		
Contractual or donor-imposed restrictions:		
Restricted by donor with time restrictions or for programs	(1,173,751)	(1,088,186)
Restricted by donor for capital projects	(809,118)	(859,245)
	<u> </u>	<u> </u>
Financial Assets Available to Meet Cash Needs for General Expenditures Within One Year	\$ 1,771,371	\$ 1,160,308
	<u> </u>	<u> </u>
Cash and cash equivalents	\$ 2,722,497	\$ 2,074,035
Pledges receivable, net	681,743	633,704
Grants receivable	350,000	400,000
	<u> </u>	<u> </u>
Total Financial Assets	\$ 3,754,240	\$ 3,107,739
	<u> </u>	<u> </u>



Kentucky Secretary of State
Michael G. Adams

FAST TRACK

21ST CENTURY PARKS, INC.

- [File Amended Annual report](#)
- [Change Address or Registered Agent](#)
- [File Certificate of Assumed Name \(DBA\)](#)
- [File Dissolution](#)
- [Upload a Filing](#)
- [File Registered Agent Resignation](#)
- [Manage Assumed Name](#)
- [Subscribe to changes made to this entity](#)
- [Print & Mail - Request Certificates](#)

- [Business Entity Search](#)
- [File Annual Report](#)
- [File LLC](#)
- [Business Registration Portal](#)
- [Name Availability Search](#)
- [Business Forms Library](#)
- [Prepaid Account Status](#)
- [Current Representative Search](#)
- [Founding Representative Search](#)
- [Registered Agent Search](#)
- [Validate Certificate of Existence/Authorization](#)

General Information

Organization Number : 0597121
 Name : 21ST CENTURY PARKS, INC.
 Profit or Non-Profit : N - Non-profit
 Company Type : KCO - Kentucky Corporation
 Industry : Amusement and Recreation Services
 Number of Employees : Medium (20-99)
 Primary County : Jefferson
 Status : A - Active
 Standing : G - Good
 State : KY
 File Date : 10/14/2004
 Organization Date : 10/14/2004
 Last Annual Report : 4/8/2026
 Principal Office : 9200 SHELBYVILLE ROAD #530

Registered Agent : LOUISVILLE, KY, 40222
 21ST CENTURY PARKS, INC.
 9200 SHELBYVILLE ROAD #530



Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: 21st Century Parks Inc.

Grantee Representative Name: Samuel Stewart

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.

Please check:

I viewed the NDF training material on the website

Answer the following questions before signing (Circle or write in the correct answer).

1. The NDF funding your agency received is a gift from LMG? True or False
2. Name the three budget categories that require a detail list.
Client Assistance, Community Events and Festivals/Other Expenses
3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements. True or False
4. Which four questions should your financial support documentation answer at all times?
Who, What, When and Where
5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? True or False
6. Canceled check, bank statement, invoice and receipt are considered proof of payment. True or False.

[Signature]
Grantee Representative Signature

6/8/2025
Date

NOTE: Please return to Roxanne Steele

E-mail address: Roxanne.Steele@louisvilleky.gov

Fax: 502-574-3219

Mailing Address: Louisville Metro Government
ATTN: NDF Coordinator
611 West Jefferson St.
Louisville, KY 40202