

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

#### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

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

Open to Public Inspection

5   Total number of individuals employed in calendar year 2010 (Part V. line 2a)   5   6   6   7   7   7   7   7   7   7   7	A F	r the 2010 cale	endar year, or tax year	beginning JU	JL 1,	2010 and	dending	JUN 30,	201	1	
Dough Business As   Number and street (or P to bus if mail is not delivered to street address)   E Telephone number   Variable	B c	eck if C Name	e of organization				<u> </u>	D Employ	yer ident	ification	number
Number and street for P D box if mult is not delivered to street address)   Room/suite   E Telephone number   (502) 584–0350		Change ZIS		ARKS ENDO	DWMENT	, INC.		_	20-	8834	817
Tax-exempt status   X   SOI(c)(s)   SOI(c)(s)   Meshire   More   Meshire   Meshire   More   Meshire		Instead		ov if mail is not deli	vared to stre	et address)	Boom/suit	e E Telephi			017
LOUISVILLE, KY 40202		Termin- ated 47	1 WEST MAIN	STREET, S			Room/suit		(50	2) 5	
Figure   F	$\vdash$	return   City o									0,523,792
4 71 W. MAIN STREET, LOUISVILLE, KY 40202   H(b) Are all affiliates included?	L	tion LIC			rat II	TONEC				return	
Tax-exempt status   X   501(c)(3)   501(c)( )   (Insett no.)   4947(a)(1) or   527     Mebsite:   N/A   RIC Group exemption number     RIC Group exemption number							202	1			
Nebsite: N/A					_			_			
Part   Summary				501(c)( )	(msert n	0) 4947(a)(1)	OI 32				
Benefit   Summary   1   Briefly describe the organization's mission or most significant activities   SEE SCHEDULE   O				Trust Ass	ociation [	Other >	I Vez				
Briefly describe the organization's mission or most significant activities   SEE SCHEDULE   O					TOORGON L			or torriagion	2007	IVI Glate	or legal dornione 24.
B Net unrelated business taxable income from Form 990-T, line 33 C IV C Prior Year Current Year 1,729,150. 8,082,716  8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 1,729,150. 8,082,716  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 61,076. 757,217  11 Other revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 13) 1,790,226. 8,869,933  13 Grants and similar amounts paid (Part IX, column (A), lines 13) 0. 3,276,425  14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.				mission or most	significant	activities SEE	SCHED	ULE O			
B Net unrelated business taxable income from Form 990-T, line 33 C IV C Prior Year Current Year 1,729,150. 8,082,716  8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 1,729,150. 8,082,716  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 61,076. 757,217  11 Other revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 13) 1,790,226. 8,869,933  13 Grants and similar amounts paid (Part IX, column (A), lines 13) 0. 3,276,425  14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	ğ		<u> </u>								
B Net unrelated business taxable income from Form 990-T, line 33 C IV C Prior Year Current Year 1,729,150. 8,082,716  8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 1,729,150. 8,082,716  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 61,076. 757,217  11 Other revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 13) 1,790,226. 8,869,933  13 Grants and similar amounts paid (Part IX, column (A), lines 13) 0. 3,276,425  14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	/er			_			osed of mo	re than 25%	I	1	,
b Net unrelated business taxable income from Form 900-T, line 33 C IVE Prior Year Current Year 1,729,150. 8,082,716  8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	ő		-			•				-	
B Net unrelated business taxable income from Form 990-T, line 33 C IV C Prior Year Current Year 1,729,150. 8,082,716  8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 1,729,150. 8,082,716  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 61,076. 757,217  11 Other revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 13) 1,790,226. 8,869,933  13 Grants and similar amounts paid (Part IX, column (A), lines 13) 0. 3,276,425  14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	<b>ಿ</b> ರ		,	-	-						
B Net unrelated business taxable income from Form 990-T, line 33 C IV C Prior Year Current Year 1,729,150. 8,082,716  8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 1,729,150. 8,082,716  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 61,076. 757,217  11 Other revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 13) 1,790,226. 8,869,933  13 Grants and similar amounts paid (Part IX, column (A), lines 13) 0. 3,276,425  14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	ij			-	ear 2010 (F	art v, line 2a)			<del>  -</del>	_	
B Net unrelated business taxable income from Form 990-T, line 33 C IV C Prior Year Current Year 1,729,150. 8,082,716  8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 1,729,150. 8,082,716  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 61,076. 757,217  11 Other revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 13) 1,790,226. 8,869,933  13 Grants and similar amounts paid (Part IX, column (A), lines 13) 0. 3,276,425  14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	黛		·	• •	uma (C) lia	no 10			<u> </u>	i i	
Prior Year   1,729,150	ĕ										0
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Chter revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 1:3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1:3) 14 Benefits paid to or for members (Part IX, column (A), lines 1:3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10) 16a Professional fundraising fees (Part IX, column (A), line 1te) 17 Other expenses (Part IX, column (A), line 1te) 18 Total expenses (Part IX, column (A), line 11e) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Net assets or fund balances Subtract line 21 from line 20 24 Signature Block 25 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 prepare (other than officer) is based on all information of which preparer has any knowledge?  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?  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?  Part II Signature Block  Part II Signature Block  Printype preparer's name  Printype preparer's name		_ b Net unrelat	ted business taxable int	Come nom Forms	190-1, 1110		<del>i</del>	Prior V			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 coard (19) 1. Total revenue and lines 8 through 11 (must equal Part VIII, column (A), line 12) 1, 790, 226 8, 869, 933  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 3, 276, 425  14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 0  16a Professional fundraising expenses (Part IX, column (A), line 11e) 0 0 0  17 Other expenses (Part IX, column (A), line 11e) 0 0 0  18 Total expenses (Part IX, column (A), line 11e) 0 0 0  19 Revenue less expenses Subtract line 18 from line 12 1, 785, 087 15, 509, 532  20 Total assets (Part X, line 16) 2 1, 785, 087 2, 5509, 532  20 Total liabilities (Part X, line 26) 4, 333, 583 9, 902, 099  21 Total liabilities (Part X, line 26) 4, 333, 583 9, 850, 736  22 Net assets or fund balances Subtract line 21 from line 20 4, 333, 583 9, 850, 736  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 strue, correct, and complete Dectaration of prepage (other than officer) is based on all information of which preparer has any knowledge  21 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 signature of print name and title  22 Print/Type preparer's name  23 Print/Type preparer's name  24 WILLIAM G. MEYER III		8 Contributio	ons and grants (Part VII)	l line 1h)		· · · · · · · · · · · · · · · · · · ·	7일				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 coard (19) 1. Total revenue and lines 8 through 11 (must equal Part VIII, column (A), line 12) 1, 790, 226 8, 869, 933  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 3, 276, 425  14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 0  16a Professional fundraising expenses (Part IX, column (A), line 11e) 0 0 0  17 Other expenses (Part IX, column (A), line 11e) 0 0 0  18 Total expenses (Part IX, column (A), line 11e) 0 0 0  19 Revenue less expenses Subtract line 18 from line 12 1, 785, 087 15, 509, 532  20 Total assets (Part X, line 16) 2 1, 785, 087 2, 5509, 532  20 Total liabilities (Part X, line 26) 4, 333, 583 9, 902, 099  21 Total liabilities (Part X, line 26) 4, 333, 583 9, 850, 736  22 Net assets or fund balances Subtract line 21 from line 20 4, 333, 583 9, 850, 736  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 strue, correct, and complete Dectaration of prepage (other than officer) is based on all information of which preparer has any knowledge  21 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 signature of print name and title  22 Print/Type preparer's name  23 Print/Type preparer's name  24 WILLIAM G. MEYER III	Revenue				N 18	OV 07 2011	jőj F		<u> </u>		0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 coard (19) 1. Total revenue and lines 8 through 11 (must equal Part VIII, column (A), line 12) 1, 790, 226 8, 869, 933  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 3, 276, 425  14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 0  16a Professional fundraising expenses (Part IX, column (A), line 11e) 0 0 0  17 Other expenses (Part IX, column (A), line 11e) 0 0 0  18 Total expenses (Part IX, column (A), line 11e) 0 0 0  19 Revenue less expenses Subtract line 18 from line 12 1, 785, 087 15, 509, 532  20 Total assets (Part X, line 16) 2 1, 785, 087 2, 5509, 532  20 Total liabilities (Part X, line 26) 4, 333, 583 9, 902, 099  21 Total liabilities (Part X, line 26) 4, 333, 583 9, 850, 736  22 Net assets or fund balances Subtract line 21 from line 20 4, 333, 583 9, 850, 736  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 strue, correct, and complete Dectaration of prepage (other than officer) is based on all information of which preparer has any knowledge  21 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 signature of print name and title  22 Print/Type preparer's name  23 Print/Type preparer's name  24 WILLIAM G. MEYER III					( )			61			757,217
12 Total revenue : add lines 8 through 11 (must equal Part-Villi-column (A), line 12)						rdvise i a febbor		<u> </u>			
13 Grants and similar amounts paid (Part IX, column (A), lines 1·3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 16a Professional fundraising fees (Part IX, column (D), line 1te) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses Add lines 13·17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Part II Signature Block Under penalties of perjuy, 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?  Print/Type or print name and title  Print/Type preparer's name WILLIAM G. MEYER III								1,790	,226		
Beginning of Current Year  Total expenses Subtract line 18 from line 12  Total assets (Part X, line 26)  Total assets (Part X, line 26)  Total assets or fund balances Subtract line 21 from line 20  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 Pectaration of prepager (other than officer) is based on all information of which preparer has any knowledge  Print/Type or print name and title  Print/Type preparer's name  WILLIAM G. MEYER III  Print/Type preparer's name  WILLIAM G. MEYER III  Print/Type preparer's name  WILLIAM G. MEYER III  O											3,276,425
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  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 prepager (other than officer) is based on all information of which preparer has any knowledge/  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 prepager (other than officer) is based on all information of which preparer has any knowledge/  Signature of print name and title  Print/Type preparer's name  WILLIAM G. MEYER III  Print/Type preparer's name  WILLIAM G. MEYER III  Print/Type preparer's name  WILLIAM G. MEYER III						•			0		0
16a Professional fundraising fees (Part IX, column (A), line 11e)   0	S.					ımn (A), lınes 5-10)			0	•	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  1	us								0	•	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  1	× pe	<b>b</b> Total fundr	raising expenses (Part I	X, column (D), line	25)		0.				
Revenue less expenses Subtract line 18 from line 12  1,785,087.  Beginning of Current Year  End of Year  4,333,583.  9,902,099  21 Total liabilities (Part X, line 26)  Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge/  Sign  Beginning of Current Year  End of Year  4,333,583.  9,902,099  4,333,583.  9,850,736  Part II Signature Block  Under penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge/  Signature of officer  JAMES K. MOORE, ASSISTANT TREASURER  Type or print name and title  Print/Type preparer's name  WILLIAM G. MEYER III  Print/Type preparer's name  WILLIAM G. MEYER III	ш	17 Other expe	enses (Part IX, column (	A), lines 11a·11d,	11f-24f)						
Beginning of Current Year  20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge/  Sign  Here  Print/Type preparer's name  WILLIAM G. MEYER III  Preparer's signature  WILLIAM G. MEYER III  Preparer's signature  Print/Type preparer's name  WILLIAM G. MEYER III  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  WILLIAM G. MEYER III		18 Total exper	nses Add lines 13-17 (r	must equal Part IX	(, column (	A), line 25)	Ĺ				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Sign   Signature officer   Date		19 Revenue le	ess expenses Subtract	line 18 from line	12			1,785	,087	•	5,509,532
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Sign   Signature officer   Date	Sor						<u> </u>				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Signature of officer   Date	Sset						_	4,333			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Signature of officer   Date	ag A		• • • • • • • • • • • • • • • • • • • •				<u> </u>				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge/  Sign  Signature of officer  Date  Date  Print/Type or print name and title  Print/Type preparer's name  WILLIAM G. MEYER III  Preparer's signature  Preparer's signature  Date  Date  Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Print/Type preparer's name  Preparer's signature				tract line 21 from	line 20			4,333	3,383	<u>•                                    </u>	9,850,736
Sign Here  Print/Type preparer's name  Paid  WILLIAM G. MEYER III  Type or print name and title  Print/Type or print name and title  Print/Type or print name and title  Print/Type preparer's name  WILLIAM G. MEYER III  Print/Type preparer's signature  Print/Type preparer's name		*							ha beet of		dadas and ballof it is
Sign   Signature of officer   Date      JAMES K. MOORE, ASSISTANT TREASURER			-		_					Iny kilow	neuge and belief, it is
Here  JAMES K. MOORE, ASSISTANT TREASURER  Type or print name and title  Print/Type preparer's name WILLIAM G. MEYER III  Preparer's Signature  Date  Otheck  PTIN  If self-employed	tiue,	offect, and comp	iete pecialation orpjepa	er (other than onice)	i j is based b	il all illioilliation of v	vilicii prepar	er has any kno	()/2/	111	
Here  JAMES K. MOORE, ASSISTANT TREASURER  Type or print name and title  Print/Type preparer's name WILLIAM G. MEYER III  Preparer's Signature  Date  Otheck  PTIN  If self-employed	Sign	Signa	ature of officer					Da	te /	///	
Type or print name and title  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Preparer's signature  Date    Check		JAN	Mes k. moore	. ASSISTA	ANT TR	REASURER					
Paid WILLIAM G. MEYER III								<del></del>			
AND AND THE CONTRACTOR OF THE			•		Preparer's	ignature			Check		PTIN
Preparer Use Only    Firm's name   STROTHMAN & COMPANY PSC   Firm's EIN	Paid			<u> </u>	700	·		13/11	self-emp.	loyed	
Use Only   Firm's address   1600 WATERFRONT PLAZA   LOUISVILLE, KY 40202   Phone no 502/585-1600    May the IRS discuss this return with the preparer shown above? (see instructions)   X Yes   N    032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.   Form 990 (2016)	Prep					SC		Fir	m's EIN	<u> </u>	
May the IRS discuss this return with the preparer shown above? (see instructions)  May the IRS discuss this return with the preparer shown above? (see instructions)  LHA For Paperwork Reduction Act Notice, see the separate instructions.  Form 990 (2016)	Use (	<b>nly</b>   Firm's addr								- 0 0 '	FOF 1600
May the IRS discuss this return with the preparer shown above? (see instructions)    Name				·				Pr	ione no		
7 032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (201	<u>May</u>	he IRS discuss	this return with the pre	parer shown abo	ve? (see ın:	structions)					
	03200	02-22-11 LHA	A For Paperwork Red	uction Act Notice	e, see the	separate instruct	ions.				Form <b>990</b> (2010

allo

	990 (2010) 21ST CENTURY PARKS ENDOWMENT, INC. 20-88.	34817_	Page Z
Par	↑ Ⅲ Statement of Program Service Accomplishments		<del></del>
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	TO PROVIDE FINANCIAL AND OTHER FORMS OF SUPPORT TO LOUISVILLE		
	PARKS, 21ST CENTURY PARKS, INC. AND/OR OTHER PUBLIC CHARITIES	IN OR	DER
	TO MAINTAIN, PRESERVE AND PROTECT OPEN GREEN SPACES AND PARKS		
	THROUGHOUT JEFFERSON COUNTY, KENTUCKY.		
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 exempt purpose achievements for each of the organization's three largest program services by expenses.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ _3,276,425. Including grants of \$ _3,276,425. ) (Revenue \$		)
	TO PROVIDE FINANCIAL AND OTHER FORMS OF SUPPORT TO LOUISVILLE	METRO	
	PARKS, 21ST CENTURY PARKS, INC. AND/OR OTHER PUBLIC CHARITIES		
	TO MAINTAIN, PRESERVE AND PROTECT OPEN GREEN SPACES AND PARKS		
	THROUGHOUT JEFFERSON COUNTY, KENTUCKY.		
	INCOGNOCI DELLENDON COCNII, KENICCKI.		
			<del></del>
			<del></del>
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ Including grants of \$ ) (Revenue \$ )		
4e	Total program service expenses ► 3, 276, 425.		
	, , = = -	Form 9	90 (2010)

Form	990 (2010) 21ST CENTURY PARKS ENDOWMENT, INC. 20-8834	<u>817</u>	P	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ļ	١
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			١.,
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			.,
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<b>.</b>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			U
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<del> </del>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
00	complete Schedule G, Part III	19	-	X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	<u> </u>	$\triangle$

Form **990** (2010)

20b

**b** If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note**. Some Form 990 filers that

operate one or more hospitals must attach audited financial statements (see instructions)

# Form 990 (2010) 21ST CENTURY PARKS ENDOWMENT, INC. Part IV Checklist of Required Schedules (continued)

	Note: All 1 offil 930 filets are required to complete defleadie o		990 (2	2010)
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Λ_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	,,		Х
27	If "Yes," complete Schedule R, Part V, line 2	36		Λ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		Х
20	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Yes X No			
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
34	Was the organization related to any tax-exempt or taxable entity?			1,5
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	Schedule N, Part II	32		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	If "Yes," complete Schedule N, Part I	31		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	contributions? If "Yes," complete Schedule M	30		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	instructions for applicable filing thresholds, conditions, and exceptions):			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			<del>-</del>
	Schedule L, Part III	27		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Λ
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	0.0		Х
••	Schedule L, Part I	25b		Х
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	05:		У
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
L	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Λ
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	250		Х
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
_	any tax-exempt bonds?	24c		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
L	Schedule K If "No", go to line 25	24a		Λ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	242		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
04-	Schedule J	23		<u> </u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		,,	
			Yes	No

Page 5

	Check if Schedule O contains a response to any question in this Part V				
			- [	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1	c.		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	-			
	filed for the calendar year ending with or within the year covered by this return	0		- 1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	["			,,,,
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3	Ba		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3	b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	ŀ	ŀ		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4	la		X
b	If "Yes," enter the name of the foreign country: ▶			1	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			1	
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	ia		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_	ic		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	t			
	any contributions that were not tax deductible?	<u> </u>	ia		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	_6	3b		
	Organizations that may receive deductible contributions under section 170(c).		_		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the partly services.	l l	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7ь		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-	,		х
	to file Form 8282?  If "Yes." Indicate the number of Forms 8282 filed during the year 7d	<del>-</del>	7c		_^ <u>`</u>
	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	,	7e		Х
f			7 <del>f</del>		X
	16 th	<b>⊢</b>	7g		Х
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098		7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting				
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year	ar?	8		
9	Sponsoring organizations maintaining donor advised funds.				- '''
а	Did the organization make any taxable distributions under section 4966?	_ <u>[</u> g	9a 📗		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9	e de		
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		ļ		
1	Section 501(c)(12) organizations. Enter		ŀ		
а					
b	Gross income from other sources (Do not net amounts due or paid to other sources against	ŀ			
	amounts due or received from them)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		2a		
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>			
а		1	3a		ļ
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the		Į		
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c				
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	1	4a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		4b		<u> </u>
	in the state of th	<del></del>	- 1		

Form 990 (2010)

21ST CENTURY PARKS ENDOWMENT, INC.

20-8834817 Page
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 in Schedule O See instructions									
	Check if Schedule O contains a response to any question in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	<u> </u>								
ь	Enter the number of voting members included in line 1a, above, who are independent	<u> </u>								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2	Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors or trustees, or key employees to a management company or other person?	3		_ X_						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Does the organization have members or stockholders?	6		X						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the									
	governing body?	7a		Х						
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			-						
	by the following:		,							
а	The governing body?	8a	X							
	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	<u> </u>								
J	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	tion Divide (min doction b requeste minimater above pointed in the part of the minimater above pointed in the minimater above pointed in the part of the minimater above pointed in the part of the minimater above pointed in the part of		Yes	No						
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х						
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			$\vdash$						
-	and branches to ensure their operations are consistent with those of the organization?									
112	·									
	1a Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?									
	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12a Does the organization have a written conflict of interest policy? If "No," go to line 13									
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give use	12a	Х	$\vdash$						
D	to conflicts?	12b	х							
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0								
·	in Schedule O how this is done	12c	х							
12	Does the organization have a written whistleblower policy?	13	X							
13	Does the organization have a written wristleblower policy?	14	X	<del>                                     </del>						
14		<del>  ''</del>	<del></del> -							
15	Did the process for determining compensation of the following persons include a review and approval by independent	1								
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	**	N/A						
	The organization's CEO, Executive Director, or top management official	15b		N/A						
D	Other officers or key employees of the organization	150		IV/A						
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		,							
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		х						
	taxable entity during the year?	16a								
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	466								
<u> </u>	exempt status with respect to such arrangements?	16b		i						
	tion 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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e ior								
	public inspection. Indicate how you make these available Check all that apply									
	Own website X Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	incial							
	statements available to the public									
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ation	_							
	21ST CENTURY PARKS ENDOWMENT, INC (502) 584-0350									
	471 W MAIN STREET, SUITE 202, LOUISVILLE, KY 40202									

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

Check if Schedule O contains a response to any question 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Name and Title  Average hours per week (describe hours for related organizations in Schedule O)  DAVID A. JONES  CHAIRMAN AND DIRECTOR  Check all that apply)  Average hours per week (describe hours for related organizations in Schedule And And Director Chairman And Director Chairman And Director Check all that apply)  Average hours per week (check all	(A)	(B)	(C)		(D)	(E)	(F)				
Clescribe hours for related organizations in Schedule O)   Elegan   Elega		Average hours per	(ct		Pos	ition		ly)	Reportable compensation	Reportable compensation	Estimated amount of
CHAIRMAN AND DIRECTOR 1.00 X X 0. 0. 0. 0.  DANIEL H. JONES PRESIDENT AND DIRECTOR 1.00 X X 0. 0. 0.  KENNETH L. PAYNE VICE PRESIDENT AND DIRECTOR 1.00 X X 0. 0. 0.  CAROL LEVITCH DIRECTOR 1.00 X 0. 0. 0.  BRYAN K. JOHNSON SECRETARY 1.00 X 0. 0. 0.  DAVID F. MORGAN TREASURER 1.00 X 0. 0. 0.  JAMES K. MOORE		(describe hours for related organizations in Schedule	Individual trustee or director	Institutional frustæ	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related
DANIEL H. JONES PRESIDENT AND DIRECTOR  1.00 X X  0. 0. 0.  KENNETH L. PAYNE VICE PRESIDENT AND DIRECTOR  1.00 X X  0. 0. 0.  CAROL LEVITCH DIRECTOR  BRYAN K. JOHNSON  SECRETARY  1.00 X  0. 0. 0.  0. 0.  JAVID F. MORGAN TREASURER  1.00 X  0. 0. 0.  0. 0.  0. 0.  0. 0.	DAVID A. JONES								_		
PRESIDENT AND DIRECTOR   1.00 X X	CHAIRMAN AND DIRECTOR	1.00	X		X		<u> </u>		0.	0.	0.
RENNETH L. PAYNE	DANIEL H. JONES										
VICE PRESIDENT AND DIRECTOR         1.00 X         X         0.         0.         0.           CAROL LEVITCH         0.         0.         0.         0.         0.           DIRECTOR         1.00 X         0.         0.         0.         0.           BRYAN K. JOHNSON         3.         0.         0.         0.         0.         0.           DAVID F. MORGAN         1.00 X         0.         0.         0.         0.         0.           JAMES K. MOORE         5.00 X         0.         0.         0.         0.         0.	PRESIDENT AND DIRECTOR	1.00	Х		X				0.	0.	0.
CAROL LEVITCH DIRECTOR  1.00 X  0. 0. 0.  BRYAN K. JOHNSON  SECRETARY  1.00 X  0. 0. 0.  DAVID F. MORGAN  TREASURER  1.00 X  0. 0. 0.  0. 0.	KENNETH L. PAYNE										_
DIRECTOR	VICE PRESIDENT AND DIRECTOR	1.00	X		X				0.	0.	0.
BRYAN K. JOHNSON  SECRETARY  1.00 X  0. 0. 0.  DAVID F. MORGAN  TREASURER  1.00 X  0. 0. 0.  O. 0.	CAROL LEVITCH					ŀ			İ		
SECRETARY   1.00   X   0. 0. 0.	DIRECTOR	1.00	X						0.	0.	0.
DAVID F. MORGAN TREASURER 1.00 X 0. 0. 0.  JAMES K. MOORE	BRYAN K. JOHNSON										
TREASURER 1.00 X 0. 0. 0.  JAMES K. MOORE	SECRETARY	1.00			X				0.	0.	0.
JAMES K. MOORE	DAVID F. MORGAN										_
	TREASURER	1.00			X				0.	0.	0.
ASSISTANT TREASURER 5.00 X 0. 0. 0. 0.	JAMES K. MOORE									_	_
	ASSISTANT TREASURER	5.00			X		<u> </u>		0.	0.	0.
			ļ			<u> </u>	ļ				
				l				ļ			
		1	<u> </u>			_	⊢	⊢	<del></del>		<del>.</del>
						┢		$\vdash$			
					}		ŀ				
					1		$\vdash$		· <del>-</del>		
											-
			<u> </u>	<u> </u>			$oxed{oxed}$	_			
			$\vdash$	<u> </u>	-	-	1				
		<del> </del>									
					L	L.					

Page 8

\$100,000 in compensation from the organization

		m   Gatement of Hevel			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s s	1 a	Federated campaigns	1a					
E 5		Membership dues	1b					
g,E		Fundraising events	1c					
ar a		d Related organizations	1d					
Contributions, gifts, grants and other similar amounts		Government grants (contribut	ions) 1e					
r Si	1	f All other contributions, gifts, gran	ts, and					
혈취		similar amounts not included abo	ve 1f	8082716.				
늘	9	Noncash contributions included in lines	1a-1f \$	8082526.				
<u>8</u> 8	ı	Total. Add lines 1a-1f			8082716.			
				Business Code				
9	2 6	a						
و ڲٚ	ı	b						
S	•	e						<u></u>
lev ev	•	d						
Program Service Revenue	•	e						
۵.	1	f All other program service reve	enue [					
		Total. Add lines 2a-2f		<b>•</b>				
:	3	Investment income (including	dividends, intere		102 066			102 066
		other similar amounts)		<b>&gt;</b>	102,066.			102,066.
	4	Income from investment of ta	x-exempt bond p	roceeds 🕨				
	5	Royalties		<b>•</b>				· · · · · · · · · · · · · · · · · · ·
		_	(i) Real	_(ii) Personal				
	6 8		30,000.					
		b Less: rental expenses	30,000.					
		c Rental income or (loss)	30,000.	<b>.</b>	30,000.			30,000.
ŀ		d Net rental income or (loss)	(0.0 1		30,000.			30,000.
	7 8	a Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	12,309,010.					
	'	b Less: cost or other basis	11 652 959					
		and sales expenses	655151.					
		c Gain or (loss)	033131.	<b>•</b>	655,151.			655,151.
		d Net gain or (loss)  a Gross income from fundraisin	a ayanta (nat		033,131.			000/1010
J.	0 (	including \$	of					
Other Revenu		contributions reported on line						
œ		Part IV, line 18	a a					
E E		b Less: direct expenses	b					
0		c Net income or (loss) from fund	* 1	<b>•</b>				
		a Gross income from gaming a						
		Part IV, line 19	а					
	ı	b Less: direct expenses	ь					
1		c Net income or (loss) from gan	ning activities	<b>•</b>				
		a Gross sales of inventory, less	_					
		and allowances	а					
	1	b Less: cost of goods sold	b					
		c Net income or (loss) from sale	es of inventory	<b>•</b>			_	
		Miscellaneous Revenu		Business Code				
	11 :	a						
		b						
		c						
	,	d All other revenue	· .					
		e Total. Add lines 11a-11d		<b>&gt;</b>				
	12	Total revenue. See instructions		<b></b>	8869933.	0.	0.	<del></del>
03200	09 ⊦-10							Form <b>990</b> (2010)

#### 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) but are not required to complete columns (B), (C), and (D).										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses						
1	Grants and other assistance to governments and										
	organizations in the U.S. See Part IV, line 21	3,276,425.	3,276,425.								
2	Grants and other assistance to individuals in										
	the U.S. See Part IV, line 22										
3	Grants and other assistance to governments,										
	organizations, and individuals outside the U.S.										
	See Part IV, lines 15 and 16				1,12-1,11						
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above, to disqualified	İ									
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan contributions (include section 401(k)										
	and section 403(b) employer contributions)	<u> </u>									
9	Other employee benefits										
10	Payroli taxes										
11	Fees for services (non-employees).										
а	Management										
b	Legal										
С	Accounting										
d	Lobbying										
е	Professional fundraising services See Part IV, line 17			:							
f	Investment management fees										
g	Other										
12	Advertising and promotion										
13	Office expenses										
14	Information technology										
15	Royalties										
16	Occupancy										
17	Travel										
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials			Ì							
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Insurance										
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line										
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)										
а	OARLAND HITTC EVDENCE	66,358.		66,358.							
b	PROFESSIONAL SERVICES	8,603.		8,603.							
c	INSURANCE	7,922.		7,922.							
d	PROPERTY TAXES	808.	• •	808.							
e	MISCELLANEOUS	285.		285.							
f	All other expenses										
25 25	Total functional expenses. Add lines 1 through 24f	3,360,401.	3,276,425.	83,976.	0.						
<u>25</u> 26	Joint costs. Check here ▶ ☐ If following SOP			,, •							
20	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										

21ST CENTURY PARKS ENDOWMENT, INC. 20-8834817 Page 11 Form 990 (2010) Part X **Balance Sheet** (B) (A) Beginning of year End of year 787,182. 322,456. 1 1 Cash · non-interest-bearing 2 2 Savings and temporary cash investments 37,810. 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 8,728,636. basis. Complete Part VI of Schedule D 10a 8,728,636. 0. 10b 10c b Less: accumulated depreciation 11 11 Investments - publicly traded securities 3,973,317. 386,281. 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 9,902,099. 4,333,583. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 51,363. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 25 Other liabilities. Complete Part X of Schedule D 0. 51,363. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here 

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 4,083,583. 9,614,836. 27 27 Unrestricted net assets 235,900. 250,000. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here 

and complete lines 30 through 34.

Form **990** (2010)

9,850,736.

9,902,099.

30

31

32

33

4,333,583. 4,333,583.

30

31

32

33

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Form	990 (2010) 21ST CENTURY PARKS ENDOWMENT, INC.	20-883	4817	Paç	ge <b>12</b>			
Pai	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,869					
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,360 5,509					
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,33					
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>21.</u>			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,85	0,7	<u>36.</u>			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				يل			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			ł			
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X.			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a						
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis				1			
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		<u> </u>			

Form **990** (2010)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

21ST CENTURY PARKS ENDOWMENT, INC. Employer identification number 20-8834817

	-	<u> </u>	. 0.									
Part I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	:.) See inst	ructions.				
he organ	ization is not a	private foundation	because it is: (For lines 1	1 through 1	11, check o	only one b	ox.)					
1 🔲	A church, cor	nvention of churches	s, or association of chur	ches desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲	A hospital or	a cooperative hospi	tal service organization o	described i	ın <b>section</b>	170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pıtal descr	ibed in <b>se</b>	ction 170	(b)(1)(A)(ii	ii). Enter th	e hospital	's nam	e,
	city, and state	е										
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a govern	nental uni	t described	d in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6			ent or governmental unit	t described	d in sectio	n 170(b)(1	)(A)(v).					
7 X	•	. •	eives a substantial part					r from the	general pu	ublic desci	ribed i	n
	-	b)(1)(A)(vi). (Comple				<b>3</b>			J			
8 🗆	-		ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	-		eives (1) more than 33			om contri	hutions, m	nembershi	n fees, and	d aross rea	celots	from
•	-		nctions - subject to certa									
			axable income (less sect									
		509(a)(2). (Complete		lion o i i ta	,	0111000000	204011000	, mo orga	anganon a		· · · · · ·	•
10 🖂			perated exclusively to te	st for nubli	ic safety S	See sectio	n 509(a)(4	I).				
11 🗔			perated exclusively for the						v out the o	urposes o	of one	or
			ations described in section									
		• • •	organization and compl				.,. 000 300	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>4)(6):</b> 01:00			
	a Type I	· · · · ·	_ ~	Typ	-		tenrated		а□	Type III - C	Other	
e 🗌			at the organization is not					r more dis				n
€			han one or more publicly									
									3(a)(1) 01 30	5011011 309	(α)(Σ).	
f			ten determination from t	uie ino uie	atitis a ty	pe i, Type	ii, or Type	7 111				
		rganization, check th				f	of the fall		2000			
9			organization accepted ar								Yes	No
			irectly controls, either al	one or tog	etner with	persons c	iescribed i	iii (ii) aiiu i	iii) below,	44~(i)	163	140
	_	- ·	upported organization?							11g(i)		
		•	n described in (i) above?		•					11g(ii)		
			person described in (i)							11g(iii)	l <u></u>	
h	Provide the fo	ollowing information	about the supported or	ganization	(s).							
		I	(iu) Tuna of	I				()	450			
(i) Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) !s organizati	on in col	(vii) An		f
orga	anızatıon		(described on lines 1-9		sted in your document?		r support?	(I) organiz U S	ed in the	sup	port	
			above or IRC section				T		<del></del>			
			(see instructions))	Yes	No	Yes	No	Yes	No			
									<del> </del>			
				*				-	1			
				1	<u> </u>		<b></b> _	-	<del>  </del> -			
					<u> </u>							
				ļ	ļ		ļ	<u> </u>	<u>                                       </u>			
Total		I	1	1	1			1	1			

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

Schedule A (Form 990 or 990-EZ) 2010

#### 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.)

Sec	ction A. Public Support		· · · · · ·			-	
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(a) 2000	(5) 2007	(6) 2000	(u) 2009	(e) 2010	Lij Totai
•	membership fees received (Do not					i	
	include any "unusual grants")		2,571,897.		1,729,150.	4,969,371.	9,270,418.
2	Tax revenues levied for the organ-		2,312,037.	-	1,723,230.	2,303,312.	3,210,1201
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		2,571,897.		1,729,150.	4,969,371.	9,270,418.
	The portion of total contributions						
•	by each person (other than a			I			
	governmental unit or publicly			1			
	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						9,270,418.
	ction B. Total Support		-				
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4		2,571,897.		1,729,150.	4,969,371.	9,270,418.
8	Gross income from interest,						
	dividends, payments received on	ļ					
	securities loans, rents, royalties	ļ					
	and income from similar sources		62,242.	37,717 <u>.</u>	64,022.	132,066.	296,047.
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 IV.)						
11	Total support. Add lines 7 through 10					γ	9,566,465.
12	Gross receipts from related activities,	etc (see instruction	ons)		ļ	12	
13	First five years. If the Form 990 is for	the organization's	s first, second, third	, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stop		<del></del>				►X
	ction C. Computation of Publi						
	Public support percentage for 2010 (li			olumn (f))		14	
	Public support percentage from 2009					15	
16a	33 1/3% support test - 2010.If the or			line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies		-	40 40 11	45 00 4/004		
t	33 1/3% support test - 2009. If the or				line 15 is 33 1/3%	or more, cneck th	IS DOX
	and <b>stop here.</b> The organization quali				40 4040-		
178	10% -facts-and-circumstances test						
	and if the organization meets the "fac				•	t iv now the organ	iization
	meets the "facts-and-circumstances"	_	, ,		-	70. and line 15 in 1	10% or
t	10% -facts-and-circumstances test	•					
	more, and if the organization meets the						" ▶□
10	organization meets the 'facts-and-circ		-				
18	Private foundation. If the organization	n dia not check a	box on line 13, 16a	, 100, 17a, or 17b	, check this box a	na see manuction	<u>,                                     </u>

### Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support	ow, piease com	piete Fart II.)				
alendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and	(6) 2000	(0) 2001	(0) 2000	(0, 2000	10,20,0	17.50
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,		-	· · · · · · · · · · · · · · · · · · ·			*****
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose			_			
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513				-		
Tax revenues levied for the organ-			1			
ızatıon's benefit and either paid to				Į.		
or expended on its behalf						
The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
Total. Add lines 1 through 5						
'a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received		<u> </u>				
from other than disqualified persons that						1
exceed the greater of \$5,000 or 1% of the					İ	:
amount on line 13 for the year		<del>                                     </del>		-		
c Add lines 7a and 7b						
B Public support (Subtract line 7c from line 6) Ection B. Total Support		1	<u> </u>	<u>.                                    </u>		-
	(-) 0000	(h) 0007	(=) 0000	(4) 2000	(-) 2010	(f) Total
lendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(i) Total
Amounts from line 6			<del></del> -			
a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
2 Other income. Do not include gain		<del>                                     </del>		<u> </u>	_	
or loss from the sale of capital		-				
assets (Explain in Part IV.)						
Total support (Add lines 9, 10c, 11, and 12)		10 funt 1 41 :		DV 1100 T DD T TT-1	Ion 501/a\/2\ =====	ration.
First five years. If the Form 990 is for t	ne organization	's tirst, second, thi	ra, tourtn, or tinth t	ax year as a sect	ion ou i(c)(3) organiz	adon, <b>⊾</b> Γ
check this box and stop here	. C			<u>-</u>		
ection C. Computation of Public					14-1	
Public support percentage for 2010 (lin			column (f))		15	<del></del>
Public support percentage from 2009 \$			<del></del>		16	<del></del>
ection D. Computation of Invest					<del></del>	<u>.                                      </u>
Investment income percentage for 201	<b>0</b> (line 10c, colu	ımn (f) dıvıded by lı	ne 13, column (f))		17	
Investment income percentage from 20	009 Schedule A	, Part III, line 17			18	
ea 33 1/3% support tests - 2010. If the c			on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box and						▶[
b 33 1/3% support tests - 2009. If the c						and
line 18 is not more than 33 1/3%, chec						
O Private foundation. If the organization						<b>▶</b> [
ev – mivate ivuituation, ii tile vivailizätion		4 DOA OH III G 17, 10	, UI 100, UIICUN L			- · · · · · · · · · · · · · · · · · · ·

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010
Open to Public Inspection

Name of the organization

21ST CENTURY PARKS ENDOWMENT, INC.

Employer identification number 20-8834817

Par	Organizations Maintaining Donor Advise		r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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		Yes No
6	Did the organization inform all grantees, donors, and donor a		ed only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pat		ganization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an histor	ically important land area
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	a conservation easement on the last
	day of the tax year		F
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	ganization during the tax
	year ►		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	<del></del>
	violations, and enforcement of the conservation easements		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(	
	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes the	e organization's accounting for
n.	conservation easements.  III Organizations Maintaining Collections of	of Art. Historical Transpures, or Oth	or Similar Assats
Pa	Complete if the organization answered "Yes" to Form		ei ollillai Assets.
	If the organization elected, as permitted under SFAS 116 (AS		at and halance sheet works of art
ıa	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		c of public service, provide, in that way,
<b>h</b>	If the organization elected, as permitted under SFAS 116 (AS		nd halance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, e		
		education, of research in furtherance of position	, service, provide the following amounts
	relating to these items:		<b>▶</b> \$
	(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		<b>s</b>
9	If the organization received or held works of art, historical tre	easures, or other similar assets for financial o	ain, provide
2	the following amounts required to be reported under SFAS 1		p. 31100
_	Revenues included in Form 990, Part VIII, line 1	To poo soo, relating to these items.	<b>▶</b> \$
a	Assets included in Form 990, Part X		<b>▶</b> \$
D	Assets included in Form 550, Fait A		• • — — — — — — — — — — — — — — — — — —

Sched	dule D (Form 990) 2010 21ST CE	NTURY PARK	S EN	DOWMENT	, INC	•	2	20-88	34817	Page 2
	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, c	r Othe	r Simila	ar Asset	S (continu	ued)
	Using the organization's acquisition, accessi									
	(check all that apply):									
а	Public exhibition	d		Loan or excha	ange progra	ıms				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further the	e organizati	on's exen	npt purpo	se in Part	XIV.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical treasi	res, or othe	er sımılar	assets			
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organization	answered '	'Yes" to I	Form 990	, Part IV, I	ne 9, or	
	reported an amount on Form 990, Par	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for	contributions	or other as	sets not	ıncluded		_	
	on Form 990, Part X?								Yes	└─ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	table:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f	<del></del>	,	
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					L	Yes	L No
	b If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete	f the organization an	swered	"Yes" to Forr	n 990, Part			1		
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	s back	<b>(d)</b> Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships			-						
е	Other expenditures for facilities									
	and programs		-				·····			
f	Administrative expenses					-				
9	End of year balance					[				
2	Provide the estimated percentage of the year	r end balance held a								
а	Board designated or quasi-endowment		_%							
	Permanent endowment ▶	%								
		%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held an	d administe	ered for tr	ne organiz	ation	Г	/ Na
	by									res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations		. 0	DO					3a(ii)	
	If "Yes" to 3a(ii), are the related organization:	•							3b	l
4	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipm									
Par		-···· 1			r other	(a) A		, d	(d) Book	value
	Description of investment	(a) Cost or of basis (investr		(b) Cost of basis (c		• •	ccumulate preciation	<b>3</b> 0	(d) Book	value
	Lead	8,728,		) 616BC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ger	J. 00,4110/1		8.728	,636.
-	Land	0,120,	0.50.				••••		0,120	, 030.
Þ	Buildings					<u> </u>			_	
C	Leasehold improvements							<del></del>		
d	Equipment									
	Other I. Add lines 1a through 1e. (Column (d) must e	agual Form 000 Port	Y colur	no (R) line 1/	)(c) )				8,728	,636.
iotal	· Add titles to through te. (Column to) Must e	iquai i viili 330, r ait	7, 50101	۱۱۱۱۰ روس ۱۱۱۱۰ ر	17/1					

Schedule D (Form 990) 2010

032053 12-20-10

(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)		<u> </u>
(B)		
(C)		
(D)		
(E) (F)		
(F) (G)		
(H)		
(1)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII Investments - Program Related		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13)		
(10)	line 15.	(b) Book value
(10)  Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X,		(b) Book value
(10)  Total. (Col (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, (1)	line 15.	(b) Book value
(10)  Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X  (1)  (2)	line 15.	(b) Book value
(10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13 ) Part IX Other Assets. See Form 990, Part X.  (1) (2) (3)	line 15.	(b) Book value
(10)  Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X,  (1) (2) (3) (4)	line 15.	(b) Book value
(10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13 ) Part IX Other Assets. See Form 990, Part X.  (1) (2) (3)	line 15.	(b) Book value
(10)  Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X.  (1) (2) (3) (4) (5)	line 15.	(b) Book value
(10)  Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X,  (1) (2) (3) (4) (5) (6)	line 15.	(b) Book value
(10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13 ) Part IX Other Assets. See Form 990, Part X,  (1) (2) (3) (4) (5) (6) (7)	line 15.	(b) Book value
(10)  Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X.  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	line 15.  (a) Description	(b) Book value
(10)  Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X.  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (E)	line 15.  (a) Description	(b) Book value
(10)  Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X.  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (E)  Part X Other Liabilities. See Form 990, Part X	line 15.  (a) Description  (b) line 15.)  rt X, line 25	
(10)  Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X,  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (E)  Part X Other Liabilities. See Form 990, Part X.	line 15.  (a) Description  (b) line 15.)  rt X, line 25	(b) Book value
(10)  Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X,  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (E Part X Other Liabilities. See Form 990, Part X Other Liabilities. See Form 990, Part X Other Liabilities.	line 15.  (a) Description  (b) line 15.)  rt X, line 25	<b>&gt;</b>
(10)  Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X,  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (E Part X Other Liabilities. See Form 990, Part X Other Liabilities. See Form 990, Part X Other Liabilities. See Form 990, Part X Other Liabilities.	line 15.  (a) Description  (b) line 15.)  rt X, line 25	<b>&gt;</b>
(10)  Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X.  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (E Part X Other Liabilities. See Form 990, Part X.  (1) Federal income taxes (2) (3)	line 15.  (a) Description  (b) line 15.)  rt X, line 25	<b>&gt;</b>
(10)  Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X,  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (E Part X Other Liabilities. See Form 990, Part X Other Liabilities. See Form 990, Part X Other Liabilities. See Form 990, Part X Other Liabilities. See Form 990, Part X Other Liabilities. See Form 990, Part X Other Liabilities. See Form 990, Part X Other Liabilities. See Form 990, Part X Other Liabilities. See Form 990, Part X Other Liabilities.	line 15.  (a) Description  (b) line 15.)  rt X, line 25	<b>&gt;</b>
(10)  Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X,  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (E)  Part X Other Liabilities. See Form 990, Part X, col (E)  1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	line 15.  (a) Description  (b) line 15.)  rt X, line 25	<b>&gt;</b>
(10)  Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X,  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (E)  Part X Other Liabilities. See Form 990, Part X, col (E)  1. (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6)	line 15.  (a) Description  (b) line 15.)  rt X, line 25	<b>&gt;</b>
(10)  Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X,  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (E Part X Other Liabilities. See Form 990, Part X, col (E Part X Other Liabil	line 15.  (a) Description  (b) line 15.)  rt X, line 25	<b>&gt;</b>
(10)  Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X,  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (E  Part X Other Liabilities. See Form 990, Part X, col (E  (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (E  (2) (3) (4) (5) (6) (7) (8)	line 15.  (a) Description  (b) line 15.)  rt X, line 25	<b>&gt;</b>
(10)  Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X,  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (E Part X Other Liabilities. See Form 990, Part X, col (E Part X Other Liabil	line 15.  (a) Description  (b) line 15.)  rt X, line 25	<b>&gt;</b>
(10)  Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X,  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (E  Part X Other Liabilities. See Form 990, Part X, col (E  (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (E  (2) (3) (4) (5) (6) (7) (8)	line 15.  (a) Description  (b) line 15.)  rt X, line 25	<b>&gt;</b>

	dule D (Form 990) 2010 2 IST CENTURY PARKS ENDOWMEN		TINC.			3634617	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Finan	cial St	<u>atement</u>	:s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			
3	Excess or (deficit) for the year Subtract line 2 from line 1			3			
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV)			8			
9	Total adjustments (net). Add lines 4 through 8			9			<del>_</del>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10			
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	<u>nts W</u>	ith Rever	nue pe	<u>r Return</u>		
1	Total revenue, gains, and other support per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
ь	Other (Describe in Part XIV.)	4b					
С	Add lines 4a and 4b				4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5		
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expe	nses p	er Retu	rn	
1	Total expenses and losses per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		ı				
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
С	Other losses	2c					
d	Other (Describe in Part XIV)	2d					
е	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b					
С	Add lines 4a and 4b				4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5		
Pa	t XIV Supplemental Information						
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, e 2; Part XI, line 8; Part XII, lines 2d and 4b. Also compl						e 4, Part
				·			
						,	
							·

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

2010 Copen to Public fnspection
---------------------------------

% × Employer identification number 20-8834817 ☐ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ► Attach to Form 990. INC. 21ST CENTURY PARKS ENDOWMENT, Part | General Information on Grants and Assistance 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.	ocedures for mor	itoring the use of grant	funds in the United	States.			
Part # Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be dublicated if additional space is needed	Governments an	nd Organizations in the	• United States. C	omplete if the organs \$5.000. Part II	anization answered "\ can be duplicated if a	'es" to Form 990, Part additional space is need	IV, line 21, for any ded
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of valuation (book, non-cash assistance or government	(a) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation (book, EMV appress)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		-		assistance	other)		
21ST CENTURY PARKS, INC.							TO SECURE RIGHTS TO THE
	000	(0)	2 276 425	c			TRESTLE POINT LAND PARCEL
הססופאלותה, או בסססק	1						
	}						
2 Enter total number of section 501(c)(3) and government organizations	and government	organizations					1
	S						•
ا ا	e, see the Instru	ctions for Form 990.					Schedule I (Form 990) (2010

Schedule I (Form 990) (2010) (f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance 25 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 032102 01-13-11

Page 2

20-8834817

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

21ST CENTURY PARKS ENDOWMENT, INC.

Schedule I (Form 990) (2010)

Part III

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

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

OMB No 1545-0047
2010
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

Inspection Employer identification number

	21ST CENTURY	PARKS	ENDOWMEN	T, INC.	20-8	88348	317	
Pa		-		•				
		(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 do noncash contrib	etermını		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests					-		
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property			4 060 100	77.07			
9	Securities - Publicly traded	X	_1	4,969,182.	FMV - NYSE			
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	V	1	2 112 245	TAT HAMTON			
15	Real estate - Residential	X	1	3,113,345.	VALUATION			
16	Real estate - Commercial				<del></del>		-	
17	Real estate · Other	<u> </u>			<del> </del>			
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens	-		-				
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b							
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exer	npt purposes for	00-	1	v
_	the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.			-6			х	
31	Does the organization have a gift acceptance					31	^	
32a	Does the organization hire or use third parties	or related or	rganizations to sol	icit, process, or sell noncash	1			v
	contributions?					32a		X
	If "Yes," describe in Part II.				<b> </b>			İ
33	If the organization did not report an amount in	column (c)	tor a type of prope	rty for which column (a) is c	necked,			Í
	describe in Part II.							L

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

Schedule M (Form 990) (2010)

#### SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

2010 Open to Public Inspection

Name of the organization

21ST CENTURY PARKS ENDOWMENT, INC.

Employer identification number 20-8834817

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

PROVIDE FINANCIAL AND OTHER FORMS OF SUPPORT TO LOUISVILLE METRO PARKS,

21ST CENTURY PARKS, INC. AND/OR OTHER PUBLIC CHARITIES IN ORDER TO

MAINTAIN, PRESERVE AND PROTECT OPEN GREEN SPACES AND PARKS THROUGHOUT

JEFFERSON COUNTY, KENTUCKY.

FORM 990, PART VI, SECTION A, LINE 2: THE CHAIRMAN AND THE PRESIDENT ARE

FATHER AND SON, RESPECTIVELY. THE VICE PRESIDENT AND THE SECRETARY HAVE A

BUSINESS RELATIONSHIP WITH THE CHAIRMAN. A DIRECTOR IS THE DAUGHTER AND

SISTER TO THE CHAIRMAN AND PRESIDENT, RESPECTIVELY.

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE 990 IS PROVIDED TO

THE DIRECTORS AND OFFICERS OF 21ST CENTURY PARKS ENDOWMENT, INC. FOR REVIEW

PRIOR TO THE RETURN BEING FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, DIRECTORS AND OFFICERS

REVIEW THE CONFLICT OF INTEREST POLICY AND SIGN AN ACKNOWLEDGMENT THAT THEY

HAVE REVIEWED THE POLICY AND DISCLOSED ANY POTENTIAL CONFLICTS THAT NEED TO

BE ADDRESSED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT

OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

THE ARTICLES OF INCORPORATION ARE ON LINE AT THE KENTUCKY SECRETARY OF

STATE WEBSITE. THE FORM 990 IS FILED WITH THE IRS AND FINANCIAL

INFORMATION FROM THIS RETURN IS ALSO AVAILABLE ON VARIOUS WEBSITES.

ADDITIONALLY, A COPY OF THE 990 IS ON FILE WITH THE KENTUCKY ATTORNEY

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization 21ST CENTURY PARKS ENDOWMENT, INC.	Employer identification number 20-8834817
GENERAL'S OFFICE.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	7,621.
	-
,	
<del></del>	-
	-