EXTENDED TO NOVEMBER 16, 2020

Form **990** (Rev. January 2020)

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 Open to Public Inspection

Depa	artment of na! Reven	f the Treasury nue Service	Freasury Go to www.irs.gov/Form990 for instructions and the latest information.					
			019 calendar year, or tax year beginning and ending					
B Check if applicable:		C Name o	C Name of organization			D Employer identific	ation number	
	Addres	KING	KING PARK DEVELOPMENT CORPORATION			1 25 450456		
	Name change		Doing business as				35-1704590	
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 1704 BELLEFONTAINE STREET Room/suite			E Telephone number 317-924-8116			
retur term			City or town, state or province, country, and ZIP or foreign postal code				G Gross receipts \$ 7,952,209.	
Γ-	ated □Ameno	ded TINT	INDIANAPOLIS, IN 46202				H(a) Is this a group return	
Applica- tion pending		E Name a	F Name and address of principal officer: STEVEN A. MEYER				for subordinates? Yes X No	
		SAME	SAME AS C ABOVE			H(b) Are all subordinates in	H(b) Are all subordinates included? Yes No	
l	Tax-exe	empt status:	pt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			If "No," attach a list. (see instructions)		
			▶ WWW.KINGPARK.ORG			H(c) Group exemption number		
K Form of organization: X Corporation Trust Association Other Lyear of formation: 1987 M State of							State of legal domicile; III	
Part Summary 1 Briefly describe the organization's mission or most significant activities: KING PARK DEVELOPMENT GODDONATION								
a	1	Briefly describ	be the organization's mission or most	significant activities: KLNG	PAKK PAKK	DEARTOSMENT CO	ORPORATION	
Activities & Governance		CORPORA	ORPORATION (KPDC) IS A NON-PROFIT COMMUNITY DEVELOPMENT CORPORATION					
	2	Check this box if the organization discontinued its operations or disposed of more that					11	
	3		lumber of voting members of the governing body (Part VI, line 1a)				11	
	4		umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2019 (Part V, line 2a)				10	
O.	5						25	
Ž	6	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12					0.	
Act	7 a						0.	
	b	Net unrelated	business taxable income from Form S	990-1, lifte 39	<u></u>	Prior Year	Current Year	
Net Assets or Expenses Revenue			I Part MII the Afri			2,206,927.	5,641,944.	
	8 9		and grants (Part VIII, line 1h)			118,671.	114,729.	
	9		rice revenue (Part VIII, line 2g)			176,068.	833,364.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				0.	169,732.	
	111		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			2,501,666.	6,759,769.	
			e - add lines 8 through 11 (must equal imilar amounts paid (Part IX, column (A			58,492.	61,070.	
			imilar amounts paid (Part IX, column (A to or for members (Part IX, column (A			0.	0.	
			er compensation, employee benefits (F			543,900.	591,482.	
	15		fundraising fees (Part IX, column (A), li			0.	0.	
	2 10a		sing expenses (Part IX, column (D), line		O 100			
	a_ ا		sing expenses (Fart IX, column (b), lines 11a-11d,			717,578.	565,006.	
	- II		es. Add lines 13-17 (must equal Part I)			1,319,970.	1,217,558.	
						1,181,696.	5,542,211.	
		Revenue less expenses, Subtract line 18 from line 12				Beginning of Current Year	End of Year	
	ਹੁੰ ਫ 20	Total accets	(Part X, line 16)			6,728,327.	12,199,940.	
	21		s (Part X, line 26)		[1,480,405.	1,409,807.	
	22		r fund balances. Subtract line 21 from	line 20		5,247,922.	10,790,133.	
#	ta in ill	Signatu	re Block					
Un	der pen	alties 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.								
Si	an	Signatu	Signature of officer Date					
0.000	ere	STE	STEVEN A. MEYER, CHIEF EXECUTIVE OFFICER					
		Type or print name and title						
-	2000	Print/Type pr	eparer's name	Preparer's signature		Date Check	PTIN	
Pa	id	REX E.	MILLER, CPA, CGMA	REX E. MILLER,	CPA,	11/11/20 self-emplo		
Preparer		Firm's name	Firm's name DONOVAN, P.C. Firm's EIN DONOVAN, P.C.					
Us	e Only	Firm's addre	Firm's address 5151 E US HWY 36				17 745 6411	
			AVON, IN 46123				317) 745-6411	
NA.	av the	IBS discuss th	is return with the preparer shown abo	ove? (see instructions)			X Yes No	