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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
CAPITAL ACCESS CORPORATION - KENTUCKY

Number and street (or P O box, if mail is not delivered to street address) Room/suite
1 RIVERFRONT PLAZA 401 W. MAIN ST. #2010

City or town, state or country, and ZIP + 4
LOUISVILLE, KY 40202

D Employer identification number
61-1332772

E Telephone number
502-584-2175

F Group Exemption Number ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Accounting method ☐ Cash ☒ Accrual Other (specify) ▶

I Website: ▶ WWW.CAC-KY.ORG

H Check ▶ ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one)— ☒ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 953,074.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	908,922.
	3	Membership dues and assessments		3	
	4	Investment income		4	44,152.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses STMT 4	5b	319.	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	<319.>
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ _____)		8	
	9	**Total revenue** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	952,755.
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	557,585.
	13	Professional fees and other payments to independent contractors		13	71,639.
	14	Occupancy, rent, utilities, and maintenance		14	28,715.
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ SEE STATEMENT 1)		16	108,048.
	17	**Total expenses** Add lines 10 through 16 ▶		17	765,987.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	186,768.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	928,860.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5		20	<1,317.>
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	1,114,311.

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	885,689.	22	1,049,431.
23	Land and buildings	4,439.	23	8,145.
24	Other assets (describe ▶ SEE STATEMENT 2)	154,697.	24	249,360.
25	**Total assets**	1,044,825.	25	1,306,936.
26	**Total liabilities** (describe ▶ SEE STATEMENT 3)	115,965.	26	192,625.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	928,860.	27	1,114,311.

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? SEE STATEMENT 8

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 TO PROVIDE FUNDING THROUGH THE SBA'S 504 LOAN PROGRAM IN ORDER TO INCREASE CAPITAL INVESTMENT AND JOBS IN THE COMMUNITIES THAT ARE SERVICED.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 765,987.

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 765,987.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 7		421,018.	124018.	

Part V Other Information (Note the statement requirements in the instructions for Part VI)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A , section 4912 ▶ N/A , section 4955 ▶ N/A			
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ KY

42a The books are in care of ▶ F. WILLIAM FENSTERER Telephone no ▶ 502-584-2175

Located at ▶ 1 RIVERFRONT PLAZA STE 2010 401 W MAIN ST, LOUIS ZIP + 4 ▶ 40202

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

			Yes	No
46	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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None"

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
N/A				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None"

N/A

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over $100,000 ▶		0

Sign Here

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 12/8/09

▶ F.W. FENSTERER, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instr.)
Ted Ackerman CPA	11/30/09		

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ POTTER & COMPANY, LLP
500 W JEFFERSON ST., SUITE 1600
LOUISVILLE, KY 40202-2826

EIN ▶

Phone no ▶ (502) 584-1101

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

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions.	CAPITAL ACCESS CORPORATION - KENTUCKY	61-1332772
	Number, street, and room or suite no. If a P.O. box, see instructions. 1 RIVERFRONT PLAZA 401 W. MAIN ST. #2010	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40202	

Check type of return to be filed (file a separate application for each return):

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ F. WILLIAM FENSTERER - 1 RIVERFRONT PLAZA STE 2010 401 W MAIN ST - LOUISVILLE, KY 40202
  Telephone No. ▶ 502-584-2175 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2008, and ending JUN 30, 2009

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
ADVERTISING AND PROMOTION	357.
OFFICE EXPENSE	3,006.
TRAVEL	7,256.
TRAINING	3,227.
DEPRECIATION	1,869.
INSURANCE	4,702.
PUBLIC RELATIONS	16,167.
DUES AND SUBSCRIPTIONS	5,583.
LEASE EXPENSE	7,605.
MEALS AND ENTERTAINMENT	5,980.
TELEPHONE	4,411.
FEES AND SERVICE CHARGES	20.
PARKING	4,775.
PAYROLL TAXES	27,890.
DIRECTORS FEES	15,200.
TOTAL TO FORM 990-EZ, LINE 16	108,048.

FORM 990-EZ OTHER ASSETS STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	47,395.	82,682.
PREPAID EXPENSES	7,136.	7,829.
DEPOSIT	4,193.	4,193.
DEFERRED COMPENSATION INVESTMENT	95,973.	154,656.
TOTAL TO FORM 990-EZ, LINE 24	154,697.	249,360.

FORM 990-EZ OTHER LIABILITIES STATEMENT 3

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	0.	7,300.
APPLICATION FEE ESCROWED	18,500.	17,550.
ACCRUED PAYROLL	78,270.	121,378.
DEFERRED COMPENSATION LIABILITY	19,195.	46,397.
TOTAL TO FORM 990-EZ, LINE 26	115,965.	192,625.

FORM 990-EZ GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
			PURCHASED		0.	3,426.	0.	3,107.	<319.>
TO FORM 990-EZ, LINE 5						3,426.	0.	3,107.	<319.>

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENT	<1,317.>
TOTAL TO FORM 990-EZ, LINE 20	<1,317.>

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
F WILLIAM FENSTERER, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	PRESIDENT 40.00	198,250.	71,245.	0.
SUSAN T REDMON, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	VICE PRESIDENT/OPERATIONS 40.00	78,350.	23,584.	0.
WILL FENSTERER, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	VICE PRESIDENT/BUSINESS DEVEL 40.00	79,975.	12,748.	0.
MEG DRUMMOND, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	VICE PRESIDENT/ADMINISTRATION 40.00	64,443.	16,441.	0.
DANIEL ALBERS, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.
STEVE BASS, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.
MICHAEL ASHCROFT, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.
KATHLEEN HOYT, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.
CHRIS BELL, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.
THOMAS EIFLER, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.
KATHY PLEASANT, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.
DOUGLAS GOSSMAN, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.
SAM WINKLER, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.
JAY KLEMPNER, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.

JOHN LOCOCO, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.
GEORGE HANRATTY, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.
BERNARD ROSENTHAL, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.
MICHAEL GRAY, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.
LEE SISNEY, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.
CHARLES FOREE, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.
JOHN COLE, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.
JOHN OSBOURNE, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.
SCOTT TRAGER, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.
JOHN HANDMAKER, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.
DOUGLAS HELM, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.
RANDY MCKENZIE, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.
DEE DEE FORD, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.
MIKE SEEBERT, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.
PAUL WHEATLEY, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.
MATTHEW HALL, 401 WEST MAIN ST, STE 2010, LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		421,018.	124018.	0.

TO PROMOTE AND ASSIST THE GROWTH AND DEVELOPMENT OF THE BUSINESS COMMUNITIES IN THE STATE OF KENTUCKY AND SOUTHERN INDIANA BY PROVIDING FINANCING THROUGH THE SBA 504 LOAN PROGRAM.