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2019

OMB No. 1545-0052

## **Return of Private Foundation**

Form 990-PF

Department of the Treasury

Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2019, or tax year beginning 01-01-20	)19 , ar	nd ending 12-31-	2019			
		undation /ENTURES INC		A Employer id	A Employer identification number			
				46-3061287				
	nber and O BOX 4	d street (or P.O. box number if mail is not delivered to street address) 4572	Room/suite	<b>B</b> Telephone nu	<b>B</b> Telephone number (see instructions)			
City	or town	a ctate or province country, and ZID or foreign postal code		(502) 208-1641				
		n, state or province, country, and ZIP or foreign postal code F, KY 40204		<b>C</b> If exemption	application is pending	g, check here		
<b>G</b> CI	neck al	Il that apply: $\Box$ Initial return $\Box$ Initial return of a	former public charity	<b>D 1.</b> Foreign or	ganizations, check he	re		
		Final return Amended return			ganizations meeting			
		Address change Name change			test, check here and attach computation			
		pe of organization: Section 501(c)(3) exempt private			ındation status was t n 507(b)(1)(A), chec			
			e private foundation					
of	year (f	xet value of all assets at end from Part II, col. (c),  ▶\$ 33,623,407    Description of the property of the p	Cash Maccru		ation is in a 60-month n 507(b)(1)(B), checl			
Da	rt I	Analysis of Revenue and Expenses (The total	, 	<u> </u>		(d) Disbursements		
Ι-c	11.1	of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc., received (attach schedule)	3,367,689			(,		
	2	Check ► ☐ if the foundation is <b>not</b> required to attach	5,551,7555					
	3	Sch. B Interest on savings and temporary cash investments						
	4	Dividends and interest from securities	682,940	682,940	682,940			
	5a	Gross rents	· ·	,	,			
	b	Net rental income or (loss)						
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	<b>9</b> 478,576					
Reverue	b	Gross sales price for all assets on line 6a						
	_	12,519,522		300,953				
	7   8	Capital gain net income (from Part IV, line 2)		300,933	162,227			
	9	Income modifications			102,227			
	10a	Gross sales less returns and allowances						
	b	Less: Cost of goods sold						
	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)	2,381,347	0	265,923			
	12	Total. Add lines 1 through 11	6,910,552	983,893	1,111,090			
	13	Compensation of officers, directors, trustees, etc.	121,810	0	50,919	70,891		
	14	Other employee salaries and wages	902,226	14,722	370,995	516,509		
es	15	Pension plans, employee benefits						
en s	16a	Legal fees (attach schedule)						
Σ	Ь	Accounting fees (attach schedule)						
re E	C	Other professional fees (attach schedule)						
and Administrative Expenses	17	Interest	4,069		1,701	2,368		
istr	18	Taxes (attach schedule) (see instructions)	114,284		,	66,510		
π	19	Depreciation (attach schedule) and depletion	139,306		139,306			
Adı	20	Occupancy	45,816		19,152	27,074		
nd	21	Travel, conferences, and meetings	124,571 4,464		52,073 1,866	71,858 2,598		
g a	23	Other expenses (attach schedule)	1,246,691		427,304	564,759		
Ē	24	Total operating and administrative expenses.	25	,,,,,	,			
Operating		Add lines 13 through 23	2,703,237	239,204	1,111,090	1,322,567		
O	25	Contributions, gifts, grants paid	1,990,000		, , , , ,	1,040,000		
	26	Total expenses and disbursements. Add lines 24 and 25	A 602 227	239,204	1 111 000	2 262 567		
	27	Subtract line 26 from line 12:	4,693,237	239,204	1,111,090	2,362,567		
	a	Excess of revenue over expenses and						
		disbursements Net investment income (if negative, enter -0-)	2,217,315					
	b c	Adjusted net income (if negative, enter -0-)		744,689	_			
For		work Reduction Act Notice, see instructions.	l	Cat. No. 11289>	0 ( For	<u> </u> m <b>990-PF</b> (2019)		

1,348

5,222,819

9,883,144

2,567,166

8,877,212

2,215,022

1,084,771

30,290,510

48,479

45,637

94.116

25,442,206

4,754,188

30,196,394

30,290,510

9

2,053

1,532,491

6,849,530

6,145,709

15,655,347

1,676,329

33,623,407

137,194

900,000

165,904

1.209,698

26.279,886

6.133,823

32,413,709

33,623,407

30,196,394 2,217,315

32,413,709

32,413,709

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1

2

3 4

5

6

6,600

1,094,439

2,053

1,532,491

6,849,530

6,145,709

15,655,347

1,676,329

1,094,439

33,623,407

Receivables due from officers, directors, trustees, and other

Less: allowance for doubtful accounts ▶ 

Prepaid expenses and deferred charges . . . .

Investments—corporate bonds (attach schedule) .

Less: accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Land, buildings, and equipment: basis ▶ \_

instructions. Also, see page 1, item I)

and complete lines 24, 25, 29 and 30. Net assets without donor restrictions . . .

Net assets with donor restrictions . . .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a . . . . . . . .

Other assets (describe > \_

Other liabilities (describe ▶\_

Grants payable

Investments—other (attach schedule) . . . . . .

Less: accumulated depreciation (attach schedule) ▶ 341,614

Accounts payable and accrued expenses . . . . . .

Foundations that follow FASB ASC 958, check here ▶

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . .

Foundations that do not follow FASB ASC 958, check here 🕨 🗀

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Analysis of Changes in Net Assets or Fund Balances

Paid-in or capital surplus, or land, bldg., and equipment fund

Investments—land, buildings, and equipment: basis ▶

disqualified persons (attach schedule) (see instructions) . . . . . Other notes and loans receivable (attach schedule) ▶

Investments—U.S. and state government obligations (attach schedule)

	4
	5
	6
	7
2	8
Assets	9
As	10a
	b
	c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

28

30

Part III

2

3

Liabilities

**Fund Balances** 

ö 26

Assets 27

Net 29

(a) List and describ 2-story brick wa	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)				
1aSee Additional Data Table	e						
b							
c							
d							
e							
	(f)		(g)	(	h)		
<b>(e)</b> Gross sales price	Depreciation allowed (or allowable)	Cost or	other basis ense of sale	Gain o	r (loss) ) minus (g)		
a See Additional Data Table	e						
b							
c							
d							
e							
	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69	,	I)		
	(i)	i i	(k)		<b>l)</b> h) gain minus		
( <b>i)</b> F.M.V. as of 12/31/69	Adjusted basis as of 12/31/69	Excess	of col. (i) l. (j), if any	col. (k), but not	less than -0-) <b>or</b> om col.(h))		
a See Additional Data Table	e						
b							
c							
d							
e							
	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	ons). If (loss), enter -0	,	3	300,953 162,227		
Part V Qualification U	Jnder Section 4940(e) for Re	educed Tay on Net	Tnyestment In	come			
(For optional use by domestic p If section 4940(d)(2) applies, le	rivate foundations subject to the sec	ction 4940(a) tax on ne	et investment incom	ie.)			
	e section 4942 tax on the distributa	ble amount of any year	in the base period	л П v	es 🔽 No		
	ot qualify under section 4940(e). Do		· ·				
1 Enter the appropriate am	nount in each column for each year;	see instructions before	making any entrie	s.			
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	<b>(d)</b> Distribution rati (col. (b) divided by c			
2018	1,371,436		30,064,635	(con (b) divided by c	0.045616		
2017	1,625,388		11,653,139		0.139481		
2016	1,488,167		15,346,591		0.096971		
2015	1,386,175		16,636,509		0.083321		
2014	_,						
2 Total of line 1, column (	d)		2		0.365389		
	o for the 5-year base period—divide	the total on line 2 by 5	.0, or by the				
number of years the four	3		0.091347				
	ncharitable-use assets for 2019 fron	•			21,175,915		
					1,934,356		
	ent income (1% of Part I, line 27b)				7,447		
					1,941,803		
	ions from Part XII, line 4 🗼				2,471,717		
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.							

	990-PF (201	<u>'</u>									Р	age <b>6</b>
Par	t VII-B	Statements Regard	ling	Activities for Which	Form 4720 May Be	Required (co	ntinue	d)				
5a	_	year did the foundation p	•	•							Yes	No
				ttempt to influence legisl			Yes	<b>✓</b>	No			
				c public election (see sect	• • • • • • • • • • • • • • • • • • • •							
	on, dire	ectly or indirectly, any vot	ter re	egistration drive?			Yes	<b>✓</b>	No			
		-		ravel, study, or other sim	• •		Yes	<b>✓</b>	No			
		-		her than a charitable, etc								
				ctions		• •	Yes	<b>✓</b>	No			
	. ,	, , ,		eligious, charitable, scien								
_			•	ention of cruelty to childr			Yes	<b>✓</b>	No			
b	•			any of the transactions fa			ed in					
	-			ent notice regarding disas				•		5b		
	-	· -		regarding disaster assist			. •					
С		•		does the foundation clain	•		_					
	tax because it maintained expenditure responsibility for the grant?											
		•		y Regulations section 53.	* *							
<b>6</b> a				ive any funds, directly or								
	a personal benefit contract?								No			
b	<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							•		<b>6</b> b		No
_		5b, file Form 8870.					_					
7a	⊥ Yes ⊻											
								•		7b		
8		•		1960 tax on payment(s) o			or -	_				
				ar?			Yes					
Par		ind Contractors	ттіс	ers, Directors, Trust	ees, Foundation Ma	inagers, High	iy Pai	a Er	npio	yees,		
1	List all offi	cers, directors, trustee	s, fo	oundation managers ar	d their compensation	See instructio	ns					
	(-) N		(	<b>b)</b> Title, and average	(c) Compensation (If	(d) Contribu			(e)	Expen	se acc	ount,
	(a) Nan	ne and address		hours per week devoted to position	not paid, enter -0-)	employee benef deferred com			0	ther al	lowanc	es
See A	Additional Da	ta Table			- ,							
2	Compensat	tion of five highest-pai	d en	nployees (other than t	nose included on line 1	L—see instructi	ons). I	f no	ne, e	nter "	NONE.	**
						(d) Contrib						
(a) [		Idress of each employee	paid	(b) Title, and average hours per week	(c) Compensation	employee					se acco	
	mor	e than \$50,000		devoted to position		plans and compens			ot	ner all	owance	≘s
THON	1AS ABOOD			DIRECTOR OF INVESTME	148,96	<u> </u>		454			1	2,209
	S SHELBY S	т		40.00							_	_,,
	SVILLE, KY											
BENJ	AMIN TERRY			CREATIVE DIRECTOR	104,52	28	19,	000				5,664
1155	S SHELBY S	Т		40.00								
LOUI	SVILLE, KY	40203										
MOSE	S ICYISHAK	Α		STAFF	98,38	31	2,	565				6,332
	S SHELBY S			40.00								
	SVILLE, KY 4											
DAVI	D TALIAFER	RO		DIRECTOR OF MICROFIN	72,88	31	4,	373			1	5,567
	S SHELBY S			40.00								
	SVILLE, KY 4											
	K HENRICKS			CHIEF OF STAFF 140.00	74,98	39	4,	499			1	2,598
	S SHELBY S SVILLE, KY			10.00								
			-r ¢ 5	0,000	<u>l</u>		•	$\dashv$				0
. 50		ounce compleyees paid ove	., yJ	-,0001					For	- OO	)_DF (	

▶

109,150

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Total. Add lines 1 through 3

1a

1b

2

3a 3b

4

5

2,362,567

2,471,717

2,464,270

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7,447

109,150

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1

2

3

4

5

b

Part XIIII Undistributed Income (see instru	ctions)			
	(a) Corpus	(b) Years prior to 2018	<b>(c)</b> 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only				<u> </u>
<b>b</b> Total for prior years: 20				
<b>3</b> Excess distributions carryover, if any, to 2019:				
a From 2014				
<b>b</b> From 2015				
c From 2016				
<b>d</b> From 2017				
e From 2018				
f Total of lines 3a through e				
4 Qualifying distributions for 2019 from Part				
XII, line 4: • \$				
a Applied to 2018, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
<b>d</b> Applied to 2019 distributable amount				
e Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2019.				
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
<b>d</b> Subtract line 6c from line 6b. Taxable amount —see instructions				
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions				
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must				

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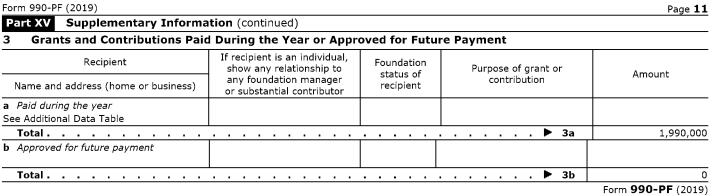
	same amount must be shown in column (a).)		
6	Enter the net total of each column as indicated below:		
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5		
b	Prior years' undistributed income. Subtract line 4b from line 2b		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		
d	Subtract line 6c from line 6b. Taxable amount —see instructions		
е	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions		

be distributed in 2020 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . 8 Excess distributions carryover from 2014 not applied on line 5 or line  $\hat{7}$  (see instructions). . .

9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a . . .

10 Analysis of line 9: a Excess from 2015. **b** Excess from 2016. . c Excess from 2017. . d Excess from 2018. . e Excess from 2019. .

	art XIV Private Operating Found	ations (see mstru	ctions and Fart V.	11-A, question 3)		
1a	If the foundation has received a ruling or det foundation, and the ruling is effective for 20			rating 		2015-01-01
b	Check box to indicate whether the organizati	on is a private operat	ting foundation desc	cribed in section 🗹	4942(j)(3) or	] 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2019	<b>(b)</b> 2018	(c) 2017	(d) 2016	(e) Iotai
	year listed	0	0	53,047	0	53,047
b	85% of line 2a	0	0	45,090	0	45,090
С	Qualifying distributions from Part XII,	2,471,717	1,371,436	1,632,181	1,490,017	6,965,351
А	line 4 for each year listed  Amounts included in line 2c not used	2,4/1,/1/	1,371,430	1,032,101	1,490,017	0,903,331
u	directly for active conduct of exempt activities	0	0	0	0	0
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	2,471,717	1,371,436	1,632,181	1,490,017	6,965,351
	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:	22.622.407	20 200 027	22.026.020	17.754.000	114 604 206
	<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying</li></ul>	33,623,407	30,300,027	32,926,930	17,754,032	114,604,396
	under section 4942(j)(3)(B)(i)	33,623,407	30,300,027	32,926,930	17,754,032	114,604,396
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					0
С	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments					
	on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public					_
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
D-	Supplementary Information	(Complete this p	art only if the f	oundation had	5,000 or more	in
	assets at any time during th		uctions.)			
1 a	<b>Information Regarding Foundation Mana</b> List any managers of the foundation who hav before the close of any tax year (but only if	e contributed more t				n
b	List any managers of the foundation who own	n 10% or more of the	stock of a corporat	ion (or an equally la		
_	ownership of a partnership or other entity)					
2	Information Regarding Contribution, Gra		•, ,	_		
	Check here ▶ ☑ if the foundation only mak unsolicited requests for funds. If the foundation	tion makes gifts, grar	nts, etc. to individua	e organizations and e als or organizations (	does not accept under	
	other conditions, complete items 2a, b, c, ar	na a. See instructions	<b>5</b>			
а	The name, address, and telephone number of	or email address of th	e person to whom a	applications should b	oe addressed:	
	The form in which applications should be sub	mitted and informati	on and materials th	ev should include:		
J	The form in which applications should be sub	mitted and miormati	on and materials th	ey siloulu iliciuue.		
c	Any submission deadlines:					
d	Any restrictions or limitations on awards, sur factors:	ch as by geographica	l areas, charitable fi	elds, kinds of institu	itions, or other	



Part XV	I-A Analysis of Income-Producing	Activities				
Enter gros	s amounts unless otherwise indicated.		usiness income	Excluded by section		(e) Related or exempt function income
1 Program	n service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	(See instructions.)
_	ATEGIC REAL ESTATE					103,961
b ACC	CESS TO CAPITAL					41,760
с						
d						
е						
f						
g Fees	and contracts from government agencies					
2 Membe	ership dues and assessments					
3 Interes	st on savings and temporary cash ments					
4 Divide	nds and interest from securities			14	682,940	
5 Net re	ntal income or (loss) from real estate:					
<b>a</b> Debt	-financed property					
<b>b</b> Not o	debt-financed property					
6 Net re	ntal income or (loss) from personal property					
	investment income.			18	2,115,424	
	r (loss) from sales of assets other than					
invent	•			18	478,576	
	come or (loss) from special events:					
	profit or (loss) from sales of inventory					
11 Other						
	INCOME			16	120,202	
	tal. Add columns (b), (d), and (e).		0		3,397,142	145,721 3,542,863
See w	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations )		13	·	3,342,663
Part XV			hment of Exem	pt Purposes		
	Explain below how each activity for which			<u> </u>	ed importantly to	
Line No. ▼	the accomplishment of the foundation's exinstructions.)					
1A	INCOME FROM DIRECT CHARITABLE ACTIVITY	TY - STRATEGIC	REAL ESTATE.			
1A	PROGRAM. SEE PART IX-A - SUMMARY OF D	IRECT CHARITA	BLE ACTIVITIES.			
1B	INCOME FROM DIRECT CHARITABLE ACTIVITY	TY - ACCESS TO	CAPITAL.			
1B	SEE PART IX-A - SUMMARY OF DIRECT CHAP	RITABLE ACTIVI	TIES.			
					F-	rm 000-BE (2010)

Form 990-PF (20	,						Pa	ge <b>13</b>
Part XVII	Information Re Exempt Organi		fers To and Transact	ions and I	Relationships With Nonchari	table		
			any of the following with a in section 527, relating to		ganization described in section 501 anizations?		Yes	No
a Transfers fro	m the reporting foun	ndation to a noncha	aritable exempt organization	on of:				
<b>(1)</b> Cash.						1a(1)		No
(2) Other as	ssets					1a(2)		No
<b>b</b> Other transac	ctions:							
(1) Sales of	assets to a nonchar	itable exempt orga	anization			1b(1)		No
(2) Purchas	es of assets from a r	noncharitable exem	npt organization			1b(2)		No
(3) Rental o	f facilities, equipmen	nt, or other assets.				1b(3)		No
` '						1b(4)		No
	r loan guarantees.					1b(5)		No
` '		· ·	raising solicitations			1b(6)		No
-		-	assets, or paid employees		should always show the fair market	1c		No
in any transa		angement, show in		he goods, ot	n received less than fair market valu ther assets, or services received. cription of transfers, transactions, and sha		ngemen	ıts
(a) Enterve.	b) / miloune mivorved	(c) Name of Honer	artable exempt organization	(4) 5030	emption of diamsters, diamsterons, and one	ining arra	ngemen	
described in	,	r than section 501	n, or related to, one or mo (c)(3)) or in section 527?	'	. 3	<b>✓</b> No		
	(a) Name of organization	on	(b) Type of organiza	ation	(c) Description of relati	onship		
			1					

desc	ribed i	dation directly or indire n section 501(c) (other mplete the following so	, r than sectior chedule.		c)(3)) or i	n section 527?				Yes 🔽 No
	(a) Name of organization				(b	) Type of organize	ization (c) Description of relationship			on of relationship
	of my		, it is true, co							statements, and to the best based on all information of
Sign Here	*	****				2020-10-05		*****		May the IRS discuss this return with the preparer shown
	s	Signature of officer or trustee			Date			Title		below (see instr.) ✓ Yes ☐ No
		Print/Type preparer's name Pr		Prepa	Preparer's Signature		Date		Check if self-	PTIN
Paid	PHILLIP D BEAMAN CPA							employed ▶ ☐	P00815487	
Preparent of the Prepar		Firm's name ► MON		& CO I	NC CPA'S		ı		<u>'</u>	Firm's EIN ▶35-1515068
		Firm's address ► PO BOX 1407								

NEW ALBANY, IN 471511407

Phone no. (812) 945-2311

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (d) (c) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) How acquired Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation FIDELITY ACCT 0343 FIDELITY ACCT 0343 FIDELITY ACCT 7004 FIDELITY ACCT 7004 FIDELITY ACCT 8868 FIDELITY ACCT 8868 FIDELITY ACCT 8869 FIDELITY ACCT 8869 FIDELITY ACCT 5848 FIDELITY ACCT 6580 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 150,030 149,690 -340 350,987 357,416 -6,429 1,873,842 1,847,351 26,491 865,579 854,701 10,878 3,536,136 3,442,516 93,620 704,323 507,390 196,933 2,246,335 2,216,023 30,312 119,308 114,464 4,844 1,820,705 1,808,772 11,933 87,217 87,006 211 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any -340 -6,429 26,491 10,878 93,620 196,933 30,312 4,844 11,933 211

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) How acquired Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D—Donation COMPLETE SET Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss)

	(t) (or allowable)	(g) plus expense of sale	(h) (e) plus (f) minus (g)							
		67,500	-67,500							
Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I										
Complete only for assets show	ring gain in column (h) and owned b	by the foundation on 12/31/69	Gains (Col. (h) gain minus							
(i) F.M.V. as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col. (i) (k) over col. (j), if any	col. (k), but not less than -0-) or (I) Losses (from col.(h))							

-67,500

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans

		,	and deferred compensation	
BRYCE BUTLER	PRESIDENT	121,810	7,101	12,634
1155 S SHELBY ST LOUISVILLE, KY 40203	40.00			

				1
BRYCE BUTLER	PRESIDENT	121,810	7,101	12,634
1155 S SHELBY ST LOUISVILLE, KY 40203	40.00			
TEDDY CILL	DIRECTOR			۰

1155 S SHELBY ST LOUISVILLE, KY 40203	40.00			
TERRY GILL	DIRECTOR	0	0	0
1155 S SHELBY ST	1.00			

TERRY GILL	DIRECTOR	0	0	0
1155 S SHELBY ST LOUISVILLE, KY 40203	1.00			
JOSH ALBERTSON	TREASURER	0	0	0
1155 S SHELBY ST	7 1.00			

LOUISVILLE, KY 40203				
JOSH ALBERTSON	TREASURER	0	0	0
1155 S SHELBY ST LOUISVILLE, KY 40203	1.00			
BRIAN MACKAY	SECRETARY	0	0	0

JOSH AEBERTSON	INLASONER			· ·
1155 S SHELBY ST LOUISVILLE, KY 40203	1.00			
BRIAN MACKAY	SECRETARY	0	0	0
1155 S SHELBY ST	1.00			

1155 S SHELBY ST LOUISVILLE, KY 40203	1.00			
BRIAN MACKAY	SECRETARY	0	0	O
LO013VILLE, K1 40203				

1155 S SHELBY ST LOUISVILLE, KY 40203	1.00	0	U	0
MIKE HYNES	DIRECTOR	0	0	0

LOUISVILLE, KY 40203				
MIKE HYNES	DIRECTOR	0	0	0
1155 S SHELBY ST	1.00			

MIKE HYNES	DIRECTOR	0	0	0
1155 S SHELBY ST LOUISVILLE, KY 40203	1.00			

DIRECTOR 1.00

GRACE CHUNG

1155 S SHELBY ST LOUISVILLE, KY 40203

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

M1 INSTITUTE	NC	GENERAL FUNDS	40 000
DAVID KASNIC2300 N HOYNE APT 1 CHICAGO, IL 60647	I	VSCO VOICES PROJECT FUNDS	20,000
a Paid during the year			

M1 INSTITUTE 1 NORTH 1ST STREET SUITE 700 PHOENIX, AZ 85004	NC	GENERAL FUNDS	40,000
ENDEAVOR LOUISVILLE INC	NC	GENERAL FUNDS	50,000

PHOENIX, AZ 85004			
ENDEAVOR LOUISVILLE INC 471 W MAIN ST SUITE 200 LOUISVILLE, KY 40202	NC	GENERAL FUNDS	50,000

1,990,000

■ 3a

ENDEAVOR LOUISVILLE INC	NC	GENERAL FUNDS	50,000
471 W MAIN ST SUITE 200			
LOUISVILLE, KY 40202			

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

a Paid during the year			
HAVEN CONNECT 2590 WELTON ST SUITE 200 DENVER, CO 80205	NC	RECONSTRUCT CHALLENGE FUNDS	300,000

DENVER, CO 80205			<u>I</u>
MRELIEF233 N MICHIGAN AVE FL 18 CHICAGO, IL 60601	NC	RECONSTRUCT CHALLENGE FUNDS	300,000
NESTERLY335 MADISON AVE	NC	RECONSTRUCT CHALLENGE	300.000

CHICAGO, IL 60601		FUNDS	
NESTERLY335 MADISON AVE NEW YORK, NY 10017	NC	RECONSTRUCT CHALLENGE FUNDS	300,000

NESTERLY335 MADISON AVE NEW YORK, NY 10017	NC	RECONSTRUCT CHALLENGE FUNDS	300,000
Total	 	<b>&gt;</b> 3a	1,990,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

a Paid during the year			
NEW DIRECTIONS HOUSING CORP 1617 MAPLE STREET LOUISVILLE, KY 40210	NC	RECONSTRUCT CHALLENGE FUNDS	300,000
PADSPLIT	NC	RECONSTRUCT CHALLENGE	300,000

recipient

▶ 3a

1,990,000

ADSPLIT 939 HOSEA L WILLIAMS DR NE TLANTA, GA 30317	NC	RECONSTRUCT CHALLENGE FUNDS
RBAN INSTITUTE	NC	RECONSTRUCT CHALLENGE

or substantial contributor

Name and address (home or business)

Total .

ATLANTA, GA 30317		FUNDS	
URBAN INSTITUTE 500 LENFANT PLAZA SW	NC	RECONSTRUCT CHALLENGE FUNDS	300,00

ATLANTA, GA 30317		TONDS	
URBAN INSTITUTE 500 LENFANT PLAZA SW WASHINGTON, DC 20024	NC	RECONSTRUCT CHALLENGE FUNDS	300,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

or substantial contributor

Name and address (home or business)

a Paid during the year			
KHRISTOPHER SANDIFER 6222A BUENA VISTA DR NEWARK, CA 94560	I	VSCO VOICES PROJECT FUNDS	20,000
LAUREN VIED ALLEN	I	VSCO VOICES PROJECT FUNDS	20,000

NEWARK, CA 94560			
LAUREN VIED ALLEN 16 TOTTENHAM LANE CHAPEL HILL, NC 27517	I	VSCO VOICES PROJECT FUNDS	20,000
MARY CORINNE LAMME	I	VSCO VOICES PROJECT FUNDS	20.000

16 TOTTENHAM LANE CHAPEL HILL, NC 27517			
MARY CORINNE LAMME 8092 FOREST GLEN DRIVE SPRINGBORO, OH 45066	I	VSCO VOICES PROJECT FUNDS	20,000

,	1			
MARY CORINNE LAMME 8092 FOREST GLEN DRIVE SPRINGBORO, OH 45066		I	VSCO VOICES PROJECT FUNDS	20,000
Total			▶ 3a	1,990,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient

If recipient is an individual, show any relationship to status of contribution

Amount contribution

recipient

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
ALEXANDRA CUERDO		I	VSCO VOICES PROJECT FUNDS	20,000

	l .		
ALEXANDRA CUERDO		I	VSCO V
156 KNICKERBOCKER AVE 2R			
BROOKLYN, NY 11237			

Total .

any foundation manager



1,990,000

						_
Noto: To capture	the full content of this	e document pleace o	calact landecana me	\da /11" v 0 E"\	whon printing	
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TY 2019 Gain/Loss from Sale of Other Assets Schedule

Name: ACCESS VENTURES INC

EIN: 46-3061287

KY 40203

Gain Loss Sale Other Assets	Schedule									
Name	Date Acquired	How A cquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
1254 S JACKSON ST, LOUISVILLE, KY 40203	2014-02	PURCHASED	2019-06		380,000	359,652		0	71,745	51,397
416 E OAK ST, LOUISVILLE, KY 40203	2013-09	PURCHASED	2019-06		151,000	137,426		0	40,096	26,522
634 E ORMSBY AVE, LOUISVILLE, KY 40203	2014-08	PURCHASED	2019-05		115,000	119,787		0	14,389	19,176
704 E ORMSBY AVE, LOUISVILLE,	2013-09	PURCHASED	2019-07		119,400	83,623		0	51,393	15,616

DLN: 93491294008360

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491294008360
TY 2019 Investments Corpora	nte Bonds Schedule	
Mama	ACCECC VENTURES INC	
	ACCESS VENTURES INC 46-3061287	
ETIN!	40-3001267	

# Investments Corporate Bonds Schedule Name of Bond End of Year Book Value Market Value

6,145,709

6,145,709

CORPORATE BONDS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491294008360
TY 2019 Investments Corporat	e Stock Sche	edule
Name: A	ACCESS VENTURE	RES INC

6,849,530

6,849,530

<b>EIN:</b> 46-	-3061287		
Investments Corporation Stock Schedule			
Name of Stock		End of Year Book Value	End of Year Fair Market Value

CORPORATE STOCKS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491294008360				
TY 2019 Investments Governr	TY 2019 Investments Government Obligations Schedule						
Name:	ACCESS VENT	URES INC					
EIN:	46-3061287						
US Government Securities - End of Year Book Value:		896,798					
US Government Securities - End of Year Fair Market Value:		896,798					
State & Local Government Securities - End of Year Book Value:		635,693					
State & Local Government Securities - End of Year Fair Market Value:		635,693					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491294008360
TY 2019 Investments - Other S	Schedule	
Name: A	ACCESS VENTURE	ES INC

<b>EIN:</b> 46-306128/			
Investments Other Schedule 2			
Category/ Item	Listed at Cost or	Book Value	End of Year Fair

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
INVESTMENTS IN PARTNERSHIPS/LLC'S	FMV	15,655,347	15,655,347

TY 2019 Land, Etc.		
Schedule ,		

1,737,658

280,285

46 2061207

As Filed Data -

DLN: 93491294008360

1,508,604

167,725

Name: ACCESS VENTURES INC

efile GRAPHIC print - DO NOT PROCESS

**BUILDINGS AND IMPROVEMENTS** 

**FURNITURE AND EQUIPMENT** 

	:IN: 40-3001267			
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value

229,054

112,560

1,508,604

167,725

'		
1		
1		
TV 2010 Other	Accete Schodule	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: ACCESS VENTURES INC EIN: 46-3061287

Other Assets Schedule				
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value	
PROGRAM RELATED INVESTMENTS	884,771	405,746	405,746	
INTANGIBLE ASSETS	200,000	400,000	400,000	
NOTE RECEIVABLE	0	288 693	288 693	

DLN: 93491294008360

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491294008360
TY 2019 Other Expenses Sche	dule			
Name:	ACCESS VENTU	RES INC		
EIN:	46-3061287			
Other Expenses Schedule	,			
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVERTISING	55,346	0	23,136	32,210

-13,401

23,924

79,601

24,835

224,482

15,478

57,709

23,414

610,695

0

0

0

0

0

0

0

0

224,482

-5,602

10,001

33,275

10,382

6,469

24,124

9,788

255,283

-7,799

13,923

52,925

14,453

8,097

30,954

12,091

324,525

0

BAD DEBT

**EVENTS** 

**INSURANCE** 

INVESTMENT FEES

OFFICE SUPPLIES

PROFESSIONAL FEES

MISCELLANEOUS EXPENSES

OFFICE RENT & EQUIPMENT

DUES & MEMBERSHIPS

Description Revenue and Net Investment Adjusted Net Disbursements for Expenses per Income Income Charitable Purposes

5,151

11,325

15,359

5,126

23,487

7,171

14,988 21,384

7.137

32,700

12.322

27,093

36,743

12.263

56,187

Other Expenses Schedule

REPAIRS & MAINTENANCE

SOFTWARE EXPENSE

**TELEPHONE & FAX** 

TRAINING

RENT SUBSIDY

#### TY 2019 Other Income Schedule

Name: ACCESS VENTURES INC

**EIN:** 46-3061287

Other Income Schedule				
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income	
UNREALIZED GAIN/LOSS ON INVESTMENTS	2,115,424	0	0	
STRATEGIC REAL ESTATE	103,961		103,961	
ACCESS TO CAPITAL	41,760		41,760	
RENT INCOME	120,202	_	120,202	

efile GRAPHIC print - DO NOT PR	ROCESS As Filed Data	-	DLI	N: 93491294008360
TY 2019 Taxes Schedul	e	·		
	Name: ACCESS VEN EIN: 46-3061287			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	69,596	0	29,093	40,503
PROPERTY TAXES	8,544	0	3,572	4,972
INVESTMENT TAX	36,144	0	15,109	21,035

Schedule B	DO NOT PROCESS	As Filed Data -	<u>I</u> ule of Contribut	ore		<b>DLN: 93491294008360</b> OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF)			o Form 990, 990-EZ, or 9			2040
Department of the Treasury Internal Revenue Service			gov/Form990 for the lates			2019
Name of the organization ACCESS VENTURES INC	1					dentification number
	eck one):				46-3061287	
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)(	) (enter number) o	organization			
	☐ 4947(a)(	1) nonexempt cha	ritable trust <b>not</b> treated	as a private founda	ation	
	☐ 527 polit	ical organization				
Form 990-PF	<b>☑</b> 501(c)(3	) exempt private fo	oundation			
	☐ 4947(a)(	1) nonexempt cha	ritable trust treated as	a private foundation		
	501(c)(3	) taxable private fo	oundation			
			PF that received, durin Complete Parts I and II.			
Special Rules						
under sections 5 received from ar	509(a)(1) and 170(b)	)(1)(A)(vi), that che luring the year, tot		n 990 or 990-EZ), F	Part II, line 13,	
during the year,	total contributions o	f more than \$1,00	), or (10) filing Form 990 0 <i>exclusively</i> for religio r animals. Complete Pa	us, charitable, scien		
during the year, If this box is che purpose. Don't o	contributions <i>exclus</i> ecked, enter here the complete any of the	sively for religious, e total contributions parts unless the <b>G</b>		ses, but no such cor ring the year for an this organization be	ntributions tota exclusively re ecause it rece	aled more than \$1,000. eligious, charitable, etc.
Caution: An organization 990-EZ, or 990-PF), but or on its Form 990PF, F990-EZ, or 990-PF).	t it <b>must</b> answer "No	o" on Part IV, line 2	2, of its Form 990; or ch	eck the box on line	H of its Form	
For Paperwork Reduction of for Form 990, 990-EZ, or 99		tructions	Cat. No. 30613X	Sched	ule B (Form 990	0, 990-EZ, or 990-PF) (2019)

Name of organization ACCESS VENTURES INC

**Employer identification number** 

		46-3061287	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is ne	eded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	See Additional Data Table	\$	Person Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for noncash contribution.)  (d)  Type of contribution
		\$	Person
(a)	(b)	(c) Total contributions	(Complete Part II for noncash contribution.)  (d)  Type of
No.	Name, address, and ZIP + 4	\$	contribution Person Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for noncash contribution.)  (d)  Type of contribution
		\$	Person Payroll Noncash Complete Part II
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	for noncash contribution.)  (d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	for noncash contribution.)  (d)  Type of contribution
		\$	Person
			(Complete Part II for noncash contribution.)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page <b>4</b>
	rganization ENTURES INC		E	mployer identification number
				6-3061287
Part III	than \$1,000 for the year from any one cont	ibutor. Complete col total of exclusively r instructions.) ► \$	umns <mark>(a) thr</mark> oug eligious, charital	n section 501(c)(7), (8), or (10) that total more h (e) and the following line entry. For ole, etc., contributions of \$1,000 or less for
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, and 2	(e) Trans IP 4	•	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and z	(e) Trans		onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	- (c) Use	of gift	(d) Description of how gift is held
		(e) Trans	fer of gift	
	Transferee's name, address, and z	<u> </u>	Relation	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, and 2	(e) Trans		onship of transferor to transferee
			Sch	nedule B (Form 990, 990-EZ, or 990-PF) (2019)

### **Additional Data**

## Software ID:

**Software Version:** 

**EIN:** 46-3061287

Name: ACCESS VENTURES INC

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	EWING MARION KAUFFMAN FOUNDATION		Person 🗸
<u>1</u>	4801 ROCKHILL ROAD		Payroll 🗌
		\$ 199,272	Noncash $\Box$
	KANSAS CITY, MO 64110		(Complete Part II for nonc contribution.)
	BLUE SKY FOUNDATION INC		Person 🗸
<u>2</u>	520 PARK E BLVD		Payroll 🗌
		\$ 3,000,000	Noncash $\Box$
	NEW ALBANY, IN 47150		(Complete Part II for nonc
	THE COMMUNITY FOUNDATION OF LOUISVILLE		Person 🗸
3	325 W MAIN ST 1110		Payroll 🗍
		\$ 31,000	Noncash $\Box$
	LOUISVILLE, KY 40202		(Complete Part II for nonc
	VISUAL SUPPLY COMPANY		Person 🗸
<u>4</u>	1500 BROADWAY		Payroll 🗍
		\$ 100,000	Noncash $\square$
	OAKLAND, CA 94612		(Complete Part II for nonc
	MONROE SHINE & CO INC		Person 🗸
<u>5</u>	222 E MARKET ST		Payroll 🗍
		\$ 5,000	Noncash $\Box$
	NEW ALBANY, IN 47150		(Complete Part II for nonc
	STITES & HARBISON PLLC		Person 🗸
<u>6</u>	400 W MARKET ST SUITE 1800		Payroll 🗍
	33.00	\$ 5,000	Noncash $\square$
	LOUISVILLE, KY 40202		(Complete Part II for nonce
			contribution.)

(a) No. Name, address, and ZIP + 4 (c) Total contributions Type of contribution

OGLE FOUNDATION Person

\$ 22,417

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

JEFFERSONVILLE, IN 47130