## **Return of Private Foundation**

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.
 ▶ Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>.

DLN: 93491188003117 OMB No 1545-0052

2016

Form 990-PF
Department of the Treasury

Internal Revenue Service

Open to Public
Inspection

For	caler	ndar year 2016, or tax year beginning 01-01-2	016 , aı	nd ending 12-31	·2016	·	
		indation intures Inc	A Employer id	A Employer identification number			
AC	cess ve	ntures inc	46-3061287	46-3061287			
	ber and O Box 4	d street (or P O box number if mail is not delivered to street address 572	) Room/suite	<b>B</b> Telephone nu	ımber (see ınstructior	ns)	
City	or town	, state or province, country, and ZIP or foreign postal code		(502) 410-587!	5		
		Y 40204		<b>C</b> If exemption	application is pending	g, check here	
<b>G</b> Cl	neck al		former public charity	<b>D 1.</b> Foreign or	ganızatıons, check he	ere 🕨 🔲	
		☐ Final return ☐ Amended return	ı		rganizations meeting ck here and attach coi		
		☐ Address change ☐ Name change	<u> </u>	E If private fo	undation status was t	erminated	
	,	pe of organization $oldsymbol{arphi}$ Section 501(c)(3) exempt private 4947(a)(1) nonexempt charitable trust $oxdot$ Other taxabl	e private foundation	under section	on 507(b)(1)(A), chec	k here ► LJ	
		ket value of all assets at end  J Accounting method	☐ Cash ☑ Accru	al F If the found	ation is in a 60-month	n termination	
		from Part II, col (c), \$ 17,754,032	t be on cash basis )	under sectio	n 507(b)(1)(B), chec	k here	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and			(d) Disbursements	
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	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)	2,711,349			· · · · · · · · · · · · · · · · · · ·	
	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach					
	3	Sch B					
	4	Dividends and interest from securities	286,317	286,317	286,317		
	5a	Gross rents					
	ь	Net rental income or (loss)	-				
He	6a	Net gain or (loss) from sale of assets not on line 10	-137,487				
Revenue	b	Gross sales price for all assets on line 6a	0				
ă	7	Capital gain net income (from Part IV, line 2)		C			
	8	Net short-term capital gain			0		
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	263,220		263,220		
	12	Total. Add lines 1 through 11	3,123,399 94,000		· '		
	14	Other employee salaries and wages	554,042		-		
68	15	Pension plans, employee benefits					
Sue	16a	Legal fees (attach schedule)					
ă	Ь	Accounting fees (attach schedule)					
and Administrative Expenses	17	Other professional fees (attach schedule)	2,716	0	1,077	1,639	
rati	17 18	Taxes (attach schedule) (see instructions)	60,743		ļ		
ınıst	19	Depreciation (attach schedule) and depletion	93,543		· ·		
Ē	20	Occupancy	28,273	C	11,215	17,711	
ďΑ	21	Travel, conferences, and meetings	30,763	С	12,202	17,679	
an (	22	Printing and publications	6,873				
ţiliğ	23	Other expenses (attach schedule)	473,555	87,846	152,992	235,441	
Operating	**	Add lines 13 through 23	1,344,508	101,357	549,537	694,015	
Ö	25	Contributions, gifts, grants paid	41,500	·		41,500	
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	1,386,008	101,357	549,537	735,515	
	27	Subtract line 26 from line 12			,		
	a	Excess of revenue over expenses and disbursements	1,737,391				
	ь	Net investment income (If negative, enter -0-)		184,960	)		
_	С	Adjusted net income(ıf negatıve, enter -0-)			0		
ror	raper	work Reduction Act Notice, see instructions.		Cat No 11289)	x For	m <b>990-PF</b> (2016)	

	3	Accounts receivable  91,263			
		Less allowance for doubtful accounts ▶	850	91,263	
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
ß	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges	50,226	14,635	
As	10a	Investments—U S and state government obligations (attach schedule)	798,759	1,917,055	
	b	Investments—corporate stock (attach schedule)	13,486,048	9,116,546	
	С	Investments—corporate bonds (attach schedule)	571,985	<b>9</b> 1,506,189	
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			

14,635 1,917,055 9,116,546 1,506,189

2,335,315

17,754,032

754,502

2,335,315

17,754,032

2,810,200

2,915,858

15,497,812

15,497,812

18.413.670

126,228

208.961

335,189

17.404.228 14,615

17,418,843 17.754.032

15,497,812

1,737,391

17,418,843

17,418,843

Form **990-PF** (2016)

183,640

1

2

3

4

5 6 754,502

## 14 Land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶ 193,129 1,925,055 15 Other assets (describe > \_ ارچە 643,963 Total assets (to be completed by all filers—see the 16 instructions Also, see page 1, item I) 18,413,670 17 Accounts payable and accrued expenses . 105,658

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . .

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Capital stock, trust principal, or current funds . . . .

Total net assets or fund balances (see instructions) .

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

Retained earnings, accumulated income, endowment, or other funds

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

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

**Analysis of Changes in Net Assets or Fund Balances** 

18

19

20 21

22

23

24

25

26

27 28

29

31 Part III

Liabilities

Balances

Fund

ö

Assets

Net 30

2

3

Grants payable. . . . .

Other liabilities (describe -

Deferred revenue .

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

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

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . . .

Decreases not included in line 2 (itemize) ▶

List and describe to 2-story brick ware	(b) How acquir P—Purcha D—Donati	se	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr		
1aSee Addıtıonal Data Tablı	e					
b						
С						
d						
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) other basis pense of sale		Gain o	h) r (loss) ) minus (g)
a See Additional Data Table	e					
b						
С						
d						
e						
	s showing gain in column (h) and c	whed by the foundation	on 12/31/69			11
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	( <b>k</b> ) : of col (ı) l (j), ıf any		Gains (Col (h) gain minu: col (k), but not less than -0- Losses (from col (h))	
a See Additional Data Table			(3),		·	
b						
С						
d						
e						
2 Capital gain net income	or (net capital loss)	If gain, also enter in F If (loss), enter -0- in		}	2	-142,9
3 Net short-term capital o	gain or (loss) as defined in sections	s 1222(5) and (6)				
If gain, also enter in Pa in Part I, line 8	rt I, line 8, column (c) (see instruc	ctions) If (loss), enter -(	0-	} L	3	-149,7
Part V Qualification U	Jnder Section 4940(e) for I	Reduced Tax on Net	Investmen	t Inc	ome	
For optional use by domestic p	rivate foundations subject to the s					
	e section 4942 tax on the distribut			eriod?	☐ Ye	es 🔽 No
·	ot qualify under section 4940(e)  D nount in each column for each yea			ntries		
(a)				- Inclines	(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of noncharitat			Distribution rati (col (b) divided by co	ol (c))
2015	1,386,17	5	15,723,873			0 088157
2014						
2013						
2012						
2011						
2 Total of line 1, column (c	d)			2		0 088157

е							
<b>2</b> Capi	tal gaın net ıncome or (n	et capital loss)		n, also enter in Part I, line 7 ss), enter -0- in Part I, line 7	}	2	-142,900
3 Net s	short-term capital gain o	r (loss) as defined in sections	1222(	5) and (6)	Ī		
If ga	ın, also enter ın Part I, lı	ne 8, column (c) (see instructi	ons)	If (loss), enter -0-	ı l		
	rt I, line 8			• • • • • • • • • • • • • • • • • • • •	}	3	-149,757
Part V	Qualification Unde	r Section 4940(e) for Re	educe	ed Tax on Net Investmer	nt Inc	ome	<u> </u>
For optional	use by domestic private	foundations subject to the se	ction 4	940(a) tax on net investment	ıncom	e )	
f caction 49	40(d)(2) applies, leave t	hic nort blank					
		·					
				nount of any year in the base p	eriod?		☐ Yes ☑ No
	•	lify under section 4940(e) Do		omplete this part istructions before making any e	entries		
I Lincol	(a)					<u>'</u>	(d)
	d years Calendar	(b) djusted qualifying distributions	Net v	(c) value of noncharitable-use assets		, .	Distribution ratio
year (or tax	year beginning in) 2015			15 722 072		(coi	(b) divided by col (c)) 0 088157
	2013	1,386,175		15,723,873			0 088137
	2014						
	2013						
	2012						
2 Total					2		0 088157
		he 5-vear base period—divide		tal on line 2 by 5 or by the			0 000137
		n has been in existence if less			3		0 088157
4 Enter	the net value of nonchar	itable-use assets for 2016 fror	n Part	X, line 5	4		13,361,855
<b>5</b> Multıp	ly line 4 by line 3			[	5		1,177,941
<b>6</b> Enter	1% of net investment inc	come (1% of Part I, line 27b)		[	6		1,850
<b>7</b> Add Iir	nes 5 and 6			[	7		1,179,791
		rom Part XII, line 4 ,			8		1,490,017
If line		than line 7, check the box in P	art VI,	line 1b, and complete that par	t usını	g a 1%	6 tax rate See the Part VI
							Form <b>990-PF</b> (2016)
							, ,

Page **3** 

If "Yes" to 6b, file Form 8870							
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes V No							
<b>b</b> If yes, did the foundation receive any p	<u>'</u>		transaction?	7b			
Part VIII Information About Offi and Contractors	cers, Directors, Trust	ees, Foundation Ma	nagers, Highly Paid En	nployees,			
1 List all officers, directors, trustees,	foundation managers an	d their compensation	(see instructions).				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances			
See Additional Data Table							
2 Compensation of five highest-paid e	mployees (other than th	ose included on line 1		ne, enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances			
THOMAS ABOOD	DIRECTOR OF INVESTME	136,62	5 4,099	9,062			
1303 HEPBURN AVE STE 2 LOUISVILLE, KY 40204	40 00						
BENJAMIN TERRY	CREATIVE DIRECTOR	77,00	0 2,310	6,041			
219 BIRCHWOOD AVE 3 LOUISVILLE, KY 40206	40 00						
DAVID TALIAFERRO	DIRECTOR OF MICROFIN	60,99	6 1,830	9,394			
7801 OLD TREE RUN LOUISVILLE, KY 40222	40 00						
AARON BROUGH	STAFF	50,25	0 0	9,093			
12427 BROTHERS AVENUE LOUISVILLE, KY 40243	40 00						
TIMOTHY HARRIS	STAFF	45,90	8 1,377	3,000			
1019 ELLISON AVE LOUISVILLE, KY 40204	40 00						
<b>Total</b> number of other employees paid over \$	50,000			0			
				Form <b>990-PF</b> (2016)			

Form 990-PF (2016) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE". (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation AL POST INC REPAIRS TO RESIDENTIAL REAL ESTATE AND 199,719 REHAB OF OFFICE BUILDING 11301 DECIMAL DRIVE LOUISVILLE, KY 40299 THE RAMAGE COMPANY REPAIRS AND REHAB OF RESIDENTIAL AND 132.647 COMMERCIAL REAL ESTATE 9418 NORTON COMMONS BLVD PROSPECT, KY 40059 ROOFING AND GUTTERS ON HOUSES AND 96,452 HILTON KENNEDY COMPANY LLC COMMERCIAL REAL ESTATE 5061 POPLAR LEVEL ROAD LOUISVILLE, KY 40219 WILLZ HOME REMODELING REPAIRS AND REHAB OF RESIDENTIAL AND 85,374 COMMERCIAL REAL ESTATE PO BOX 67 LANESVILLE, IN 47136 0 **Summary of Direct Charitable Activities** Part IX-A List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 STRATEGIC REAL ESTATE (f/k/a NEIGHBORHOOD ECONOMICS) Vast numbers of vacant homes and businesses deteriorate the fabric of a community by increased crime rates, higher costs to the tenants given no other opportunity for residence, and making it difficult for businesses to be successful. Therefore, we invest in affordable housing and commercial properties to improve community 854,442 2 INNOVATIVE FINANCE (f/k/a FINANCIAL INCLUSION) Traditional banking and financial services exclude millions of individuals and small businesses. Inclusion in these financial systems leads to greater individual, family, and community stability. Therefore, we invest in companies and programs that improve access to equitable capital, financial services, and the distribution of funds beyond traditional means 138,983 3 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 PROGRAM RELATED INVESTMENTS IN HIGH-RISK BUSINESSESS LOCATED IN URBAN AREAS OR SERVE URBAN NEIGHBORHOODS BY PROVIDING JOBS AND OTHER EMPLOYEMENT OPPORTUNITIES WITHIN THE COMMUNITY 352,494 2 BELOW MARKET RATE LOANS TO HELP EVERY DAY, HARD WORKING BUSINESS OWNERS WHO STRUGGLE TO IDENTIFY ADEQUATE SOURCES OF CAPITAL THE LOANS PROVIDE WORKING CAPITAL TO HELP GROW JOBS WITHIN THE COMMUNITY 402,008 All other program-related investments. See instructions 3

Total. Add lines 1 through 3

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

3a 3h

4

5

1.490.017

Form 990-PF (2016)

1.850 1,488,167

Amounts set aside for specific charitable projects that satisfy the

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

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

3

4

5

Form 990-PF (2016)				Page 9
Part XIII Undistributed Income (see instruction	ons)			
	(a) Corpus	(b) Years prior to 2015	<b>(c)</b> 2015	( <b>d)</b> 2016
1 Distributable amount for 2016 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only				
<b>b</b> Total for prior years 20				
3 Excess distributions carryover, if any, to 2016				
a From 2011				
<b>b</b> From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e				
4 Qualifying distributions for 2016 from Part				
XII, line 4 🕨 \$				
a Applied to 2015, 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)				
d Applied to 2016 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2016				
(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				
d Subtract line 6c from line 6b Taxable amount —see instructions				
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see				
Instructions				
lines 4d and 5 from line 1 This amount must be distributed in 2017				
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 2011 not applied on line 5 or line 7 (see instructions).				
Subtract lines 7 and 8 from line 6a				
Analysis of line 9				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				

Form **990-PF** (2016)

**b** Approved for future payment

Total .

nter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section	(e) Related or exempt	
1 Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions)
a NEIGHBORHOOD ECONOMICS	Business code	Amount	Exclusion code	Allioune	90,224
b FINANCIAL INCLUSION					14,360
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	286,317	
5 Net rental income or (loss) from real estate				,	
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than					
inventory			18	-137,487	
9 Net income or (loss) from special events					
LO Gross profit or (loss) from sales of inventory  Other revenue					
a rent income			16	158,630	
b			10	130,030	
c					
d					
e					
		C		307,460	104,59
.3 Total. Add line 12, columns (b), (d), and (e)				307,460 <b>3</b>	
.3 Total. Add line 12, columns (b), (d), and (e)	ns )		13	· · · · · · · · · · · · · · · · · · ·	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities to the	<sub>ns )</sub> e Accomplisi	nment of Exem	pt Purposes	<b>3</b>	412,050
3 Total. Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculation  Part XVI-B  Relationship of Activities to th	ns ) <b>e Accomplisi</b> Income is report		pt Purposes  f Part XVI-A contribu	ted importantly to	412,050
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities to th  Line No. Explain below how each activity for which is the accomplishment of the foundation's exinstructions )  A INCOME FROM DIRECT CHARITABLE ACTIVITY	ns )  e Accomplisi  ncome is report  empt purposes	nment of Exem led in column (e) o (other than by pro	pt Purposes f Part XVI-A contribute viding funds for such	ted importantly to	412,050
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which the accomplishment of the foundation's exinstructions )  A INCOME FROM DIRECT CHARITABLE ACTIVITA  PROGRAM SEE PART IX-A - SUMMARY OF DI	ns )  e Accomplisi  ncome is report empt purposes  Y - NEIGHBORE  IRECT CHARITA	nment of Exem  ded in column (e) of (other than by profile) HOOD ECONOMICS BLE ACTIVITIES	pt Purposes f Part XVI-A contribut viding funds for such	ted importantly to	412,050
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which the accomplishment of the foundation's exinstructions )  A INCOME FROM DIRECT CHARITABLE ACTIVITA PROGRAM SEE PART IX-A - SUMMARY OF DIB INCOME FROM DIRECT CHARITABLE ACTIVITABLE	ns )  e Accomplision of the complex	nment of Exem  ded in column (e) of (other than by profile HOOD ECONOMICS BLE ACTIVITIES INCLUSION PROGRA	pt Purposes f Part XVI-A contribut viding funds for such	ted importantly to	412,050
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which the accomplishment of the foundation's exinstructions )  A INCOME FROM DIRECT CHARITABLE ACTIVIT A PROGRAM SEE PART IX-A - SUMMARY OF DIB INCOME FROM DIRECT CHARITABLE ACTIVIT	ns )  e Accomplision of the complex	nment of Exem  ded in column (e) of (other than by profile HOOD ECONOMICS BLE ACTIVITIES INCLUSION PROGRA	pt Purposes f Part XVI-A contribut viding funds for such	ted importantly to	412,050
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities to th  Line No. Explain below how each activity for which is the accomplishment of the foundation's exinstructions )  A INCOME FROM DIRECT CHARITABLE ACTIVITIA  PROGRAM SEE PART IX-A - SUMMARY OF DIB  INCOME FROM DIRECT CHARITABLE ACTIVITIABLE INCOME FROM DIRECT CHARITABLE ACTIVITIABLE ACTIVIT	ns )  e Accomplision of the complex	nment of Exem  ded in column (e) of (other than by profile HOOD ECONOMICS BLE ACTIVITIES INCLUSION PROGRA	pt Purposes f Part XVI-A contribut viding funds for such	ted importantly to	412,050
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities to th  Line No. Explain below how each activity for which is the accomplishment of the foundation's exinstructions )  A INCOME FROM DIRECT CHARITABLE ACTIVITIA  PROGRAM SEE PART IX-A - SUMMARY OF DIB  INCOME FROM DIRECT CHARITABLE ACTIVITIABLE INCOME FROM DIRECT CHARITABLE ACTIVITIABLE ACTIVIT	ns )  e Accomplision of the complex	nment of Exem  ded in column (e) of (other than by profile HOOD ECONOMICS BLE ACTIVITIES INCLUSION PROGRA	pt Purposes f Part XVI-A contribut viding funds for such	ted importantly to	412,050
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which the accomplishment of the foundation's exinstructions )  A INCOME FROM DIRECT CHARITABLE ACTIVITA PROGRAM SEE PART IX-A - SUMMARY OF DIB INCOME FROM DIRECT CHARITABLE ACTIVITABLE	ns )  e Accomplision of the complex	nment of Exem  ded in column (e) of (other than by profile HOOD ECONOMICS BLE ACTIVITIES INCLUSION PROGRA	pt Purposes f Part XVI-A contribut viding funds for such	ted importantly to	412,050
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which the accomplishment of the foundation's exinstructions )  A INCOME FROM DIRECT CHARITABLE ACTIVITA PROGRAM SEE PART IX-A - SUMMARY OF DIB INCOME FROM DIRECT CHARITABLE ACTIVITABLE	ns )  e Accomplision of the complex	nment of Exem  ded in column (e) of (other than by profile HOOD ECONOMICS BLE ACTIVITIES INCLUSION PROGRA	pt Purposes f Part XVI-A contribut viding funds for such	ted importantly to	412,050
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which the accomplishment of the foundation's exinstructions )  A INCOME FROM DIRECT CHARITABLE ACTIVITA PROGRAM SEE PART IX-A - SUMMARY OF DIB INCOME FROM DIRECT CHARITABLE ACTIVITABLE	ns )  e Accomplision of the complex	nment of Exem  ded in column (e) of (other than by profile HOOD ECONOMICS BLE ACTIVITIES INCLUSION PROGRA	pt Purposes f Part XVI-A contribut viding funds for such	ted importantly to	412,050
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3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which the accomplishment of the foundation's exinstructions )  A INCOME FROM DIRECT CHARITABLE ACTIVITA PROGRAM SEE PART IX-A - SUMMARY OF DIB INCOME FROM DIRECT CHARITABLE ACTIVITABLE	ns )  e Accomplision of the complex	nment of Exem  ded in column (e) of (other than by profile HOOD ECONOMICS BLE ACTIVITIES INCLUSION PROGRA	pt Purposes f Part XVI-A contribut viding funds for such	ted importantly to	412,050
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the accomplishment of the foundation's exinstructions )  A INCOME FROM DIRECT CHARITABLE ACTIVIT  A PROGRAM SEE PART IX-A - SUMMARY OF DI  B INCOME FROM DIRECT CHARITABLE ACTIVIT	ns )  e Accomplision of the complex	nment of Exem  ded in column (e) of (other than by profile HOOD ECONOMICS BLE ACTIVITIES INCLUSION PROGRA	pt Purposes f Part XVI-A contribut viding funds for such	ted importantly to	412,050
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orm	990-PI	F (2016)						Pa	ge <b>1</b> 3
Pai	rt XV	Information Re Exempt Organi		fers To and Transact	ions and	Relationships With Nonchari	table		
				any of the following with a izations) or in section 527		ganization described in section 501 political organizations?		Yes	No
a Tr	ansfer	s from the reporting four	ndation to a noncha	ırıtable exempt organizatio	n of				
(:	L) Cas	sh					1a(1)		No
(2	2) Oth	ner assets					1a(2)		No
<b>b</b> 0	ther tr	ansactions							
(1	<b>L)</b> Sal	es of assets to a nonchar	rtable exempt orga	nization			1b(1)		No
(2	<b>2)</b> Pur	chases of assets from a r	noncharitable exem	npt organization			1b(2)		No
(3	3) Rei	ntal of facilities, equipme	nt, or other assets.				1b(3)		No
(4	<b>1)</b> Rei	mbursement arrangemer	nts				1b(4)		No
(5	<b>5)</b> Loa	ans or loan guarantees.					1b(5)		No
(6	<b>5)</b> Perf	ormance of services or m	nembership or fund	raising solicitations			1b(6)		No
c SI	haring	of facilities, equipment, r	mailing lists, other	assets, or paid employees			1c		No
ın	any ti	ransaction or sharing arra	ingement, show in	column (d) the value of the	ne goods, of	n received less than fair market valu ther assets, or services received			
(a) Li	ne No	(b) Amount involved	(c) Name of nonch	arıtable exempt organization	(d) Des	cription of transfers, transactions, and sha	ring arrai	ngemen	čs
2- 1-	+b - F-	undakion divaski sas 4	oothy offiliated with	ar related to the array	o tov	nt organizations			
de	escribe	•	Code (other than	, or related to, one or more section 501(c)(3)) or in se		·	☐Yes	<b>✓</b> N	o
'	,	(a) Name of organization		(b) Type of organiza	ition	(c) Description of relati	onsh <sub>i</sub> p		
		-							
				1		1			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best

Sign Here

of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return 2017-07-07 with the preparer shown below Title Signature of officer or trustee Date (see instr.)? 🗹 Yes 🗆 No Preparer's Signature Print/Type preparer's name Date PTIN Check if self-P00815487 employed ▶ 📙 Phillip D Beaman CPA Paid Monroe Shine & Co Inc CPA's Firm's EIN ▶35-1515068 PO Box 1407 Firm's address ▶ Phone no (812) 945-2311

**Preparer Use Only** 

New Albany, IN 471511407

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, (d) (b) (c) How acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation PERSHING ACCT 32F-012499 MFS INTERNATIONAL VA LUE FUND CLASS A - 55273E301 2015-03-19 2016-06-22 PERSHING ACCT 32F-012580 PERSHING ACCT 32F-012580 PERSHING ACCT 32F-012606 PERSHING ACCT 32F-012606 SECURITIES AMERICA ACCT WWF-034258 SECURITIES AMERICA ACCT WWF-034258 CIM ENTERPRISE LOAN FUND LP 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) (g) plus expense of sale (or allowable) (h) (e) plus (f) minus (g) (f) 2,526,326 2,600,942 -74,616 1,656,339 1,680,658 24,319 81,291 66,427 14,864 17,524 14,529 2,995 186,595 186,168 427 90,000 90,000 527,449 -65,462 461,987 1,630,799 1,721,231 -90,432 645.005 600,000 45,005 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 -74,616 24,319 14,864 2,995 427 0 -65,462 -90,432 45,005

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

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

BRYCE BUTLER	CHAIR	94,000	2,820	10,330
3529 SAMPLE WAY LOUISVILLE, KY 40245	40 00			

3529 SAMPLE WAY LOUISVILLE, KY 40245	40 00			
TERRY GILL	DIRECTOR	0	0	0
4805 CROETON RD	1 00			

		<u>'</u>	1	
TERRY GILL	DIRECTOR	0	0	0
4805 CROFTON RD LOUISVILLE, KY 40207	1 00			
JOSH ALBERTSON	TREASURER	0	0	0

TERRY GILL	DIRECTOR	0	0	0
4805 CROFTON RD LOUISVILLE, KY 40207	1 00			
JOSH ALBERTSON	TREASURER	0	0	0

4805 CROFTON RD LOUISVILLE, KY 40207				
JOSH ALBERTSON	TREASURER	0	0	0
198 ANDREW PARKWAY	1 00			

JOSH ALBERTSON	TREASURER	0	0	0
198 ANDREW PARKWAY FISHERVILLE, KY 40023	1 00			
BRIAN MACKAY	DIRECTOR	0	0	0

198 ANDREW PARKWAY FISHERVILLE, KY 40023	1 00			
BRIAN MACKAY	DIRECTOR	0	0	0
11EE C CHELDY CT	1 00			

FISHERVILLE, KY 40023				
BRIAN MACKAY	DIRECTOR	0	0	(
1155 S SHELBY ST LOUISVILLE, KY 40203	1 00			

DIRECTOR 1 00

MIKE HYNES

1155 S SHELBY ST LOUISVILLE, KY 40203

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

2014-01

SHELVING & TOOL BOX 2015-04

TRUCK

Name: Access Ventures Inc

2016-10

2016-12

**EIN:** 46-3061287

Purchased

Purchased

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
BUILDING	2014-12	Purchased	2016-02		104,314	109,560		0	-771	4,475
APPLE COMPUTER	2013-09	Purchased	2016-12		100	1,201		0	-711	390
TRUCK STORAGE	2013-10	Purchased	2016-10			123		0	-87	36

21,641

100

20,000

1,333

DLN: 93491188003117

5,667

907

7,308

-326

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491188003117					
TY 2016 Investments Corporate Bonds Schedule							

Name: Access Ventures Inc. FTN: 46-3061287

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	1,506,189	1,506,189

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491188003117					
TY 2016 Investments Corporate Stock Schedule							
Name: /	Access Ventures	Inc					

9,116,546

9,116,546

<b>EIN:</b> 46-3061287		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
	I	i

CORPORATE STOCKS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491188003117
<b>TY 2016 Investments Govern</b>	nent Obligat	ions Schedule	
Name:	Access Ventur	es Inc	
EIN:	46-3061287		
US Government Securities - End of Year Book Value:		939,759	
US Government Securities - End of Year Fair Market Value:		939,759	
State & Local Government Securities - End of Year Book Value:		977,296	
State & Local Government Securities - End of Year Fair Market Value:		977,296	

TY 2016 Land, Etc.		
Schedule		

DLN: 93491188003117

2,248,872

86,443

As Filed Data -

Name: Access Ventures Inc.

2,386,334

142,110

efile GRAPHIC print - DO NOT PROCESS

BUILDINGS AND IMPROVEMENTS

FURNITURE AND EQUIPMENT

Category / Item Cost / Other Accumulated Book Value End of Year Fair Basis Depreciation Market Value

137,462

55,667

2,248,872

86,443

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

Name: Access Ventures Inc.

Description

Other Assets Schedule

PROGRAM RELATED INVESTMENTS

Book Value

643,963

**EIN:** 46-3061287

Beginning of Year -End of Year - Book Value

754,502

End of Year - Fair Market Value

754,502

DLN: 93491188003117

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491188003117
TY 2016 Other Expenses Schedule				
Name:	Access Ventures	s Inc		
EIN:	46-3061287			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
advertising	11,602	0	4,602	8,500

1,411

120,923

12,135

87,846

29,772

18,539

46,378

21,922

35,804

560

47,964

4,813

11,809

7,354

18,396

8,695

14,202

851

72,809

7,322

17,963

16,126

27,736

12,233

21,602

0

0

0

0

0

0

0

0

87,846

events

insurance investment fees

dues & memberships

meals & entertainment

miscellaneous expenses

office equipment

PROFESSIONAL FEES

office supplies

Description

Revenue and
Expenses per
Books

Revenue and
Expenses per
Income
Income
Purposes

Disbursements for
Charitable
Purposes

rent subsidy	20,200	0	8,012	12,188
repairs & maintenance	20,141	0	7,989	11,635

9,183

13,497

24,202

3,642

5,354

9,600

5,541

8,143

12,792

Other Expenses Schedule

software expense

telephone & fax

training

TV	2014	Other	Income	Schodula	

Name: Access Ventures Inc EIN: 46-3061287

## ETI

Other Income Schedule			
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
NEIGHBORHOOD ECONOMICS	90,224		90,224
FINANCIAL INCLUSION	14,366		14,366
rent income	158.630		158.630

DLN: 93491188003117

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491188003117	
TY 2016 Other Increases Schedule				
Name:	Access Ventures Inc			
	46-3061287			
De	escription		Amount	
UNREALIZED GAIN/LOSS ON INVESTMEN	NTS		183,640	

efile GRAPHIC print - DO NOT PRO	OCESS As Filed Data	-	DLN	N: 93491188003117		
TY 2016 Taxes Schedule						
ľ	Name: Access Venti	ures Inc				
<b>EIN:</b> 46-3061287						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
payroll taxes	43,562	0	17,279	26,283		
property taxes	11,417	0	4,529	5,285		
INVESTMENT TAX	5,764	0	2,286	3,478		

efile GRAPHIC print -	DO NOT PROCESS As Filed Data -		DLN: 93491188003117	
Schedule B (Form 990, 990-EZ,	Schedule of Contributors		OMB No 1545-0047	
or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructio <u>www.irs.gov/form990</u>	ons is at	2016	
Name of the organizate Access Ventures Inc	ion	Employer id	entification number	
		46-3061287		
Organization type (ch	eck one)			
Filers of:	Section:			
Form 990 or 990-EZ	501(c)( ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	tion		
	☐ 527 political organization			
Form 990-PF	√ 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation			
	eation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution for each property) from any one contributor. Complete Parts I and II. See instructions for each property.			
Special Rules				
under sections received from a	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the $33^13\%$ s 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pany one contributor, during the year, total contributions of the greater of (1) \$5,000 one 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	art II, line 13,	16a, or 16b, and that	
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III				
during the year If this box is che purpose Do no	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contecked, enter here the total contributions that were received during the year for an extended to the parts unless the <b>General Rule</b> applies to this organization beable, etc., contributions totaling \$5,000 or more during the year	tributions tota e <i>xclusively</i> rel ecause it rece	led more than \$1,000 igious, charitable, etc , eived nonexclusively	
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/or the Special Rules does not file S t it <b>must</b> answer "No" on Part IV, line 2, of its Form 990, or check the box on line F Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of	H of its		
For Paperwork Reduction for Form 990, 990-EZ, or 9		le B (Form 990,	990-EZ, or 990-PF) (2016)	

Name of organi Access Ventures		Employer identification 46-3061287	number
Part I	Contributors (see instructions) Use duplicate copies of Part I if ad	Iditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	NATIONAL CHRISTIAN FOUNDATION		Person 🗸
<u>1</u>			Payroll
	11625 RAINWATER SUITE 500	\$ 5,000	Noncash
	ALPHARETTA, GA 30009		(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
•	BLUE SKY PROJECTS LLC		Person
2	PO POV 1147		Payroll
	PO BOX 1147	\$ 2,660,200	Noncash ✓
	NEW ALBANY, IN47151		(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•			Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions )
		Schodulo P (E	orm 990 990-E7 or 990-DE) (2016)

Schedule B (Forr	n 990, 990-EZ, or 990-PF) (2016)		Page <b>3</b>	
Name of organization Access Ventures Inc		Employer identification number		
		46-30	61287	
Part II	Noncash Property		_	
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
2	FORGIVENESS OF DEBT	\$ 2,660 200	2016-06-22	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
	-	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)	

Schedule B (Form 99	90, 990-EZ, or 990-PF) (2016)		Page <b>4</b>
Name of organization Access Ventures Inc	n		Employer identification number 46-3061287
than \$1,00 organizati the year. (	00 for the year from any one contributo	or. Complete columns (a) through of exclusively religious, charing the suctions.) • \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, 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	(e) Transfer of gift ZIP 4	Relationship 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	(e) Transfer of gift	Relationship 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	(e) Transfer of gift	Relationship 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	(e) Transfer of gift ZIP 4	Relationship of transferor to transferee
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