(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

A	For t	he 2019 calendar year, or tax year beginning $$ JUL $1,$ 2019 $$ and ending	JUN 30, 2020)
	Check applica		D Employer identi	
Г	Add]		
Ē	Nan cha	Doing business as	46-30703	346
	initia	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
L	Fina retur term	in	502-852-	
Г	term ated Ame	nded LOTITCYTTTE FY 40208	G Gross receipts \$	3,129,074.
Ē	retur Appi tion		H(a) Is this a group: for subordinate	
	pend	SAME AS C ABOVE	H(b) Are all subordinates	
$\overline{\mathbf{L}}$	Tax-e	xempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or □		a list. (see instructions)
		ite: ► N/A	H(c) Group exemption	on number 🕨
			ear of formation: 2013	M State of legal domicile: KY
1	art I		Massaco mus de	NEETE OF
၁င	1	Briefly describe the organization's mission or most significant activities: TO OPERA THE UNIVERSITY OF LOUISVILLE FOUNDATION, INC.	TERMOR THE BE	NEFIT OF
Ta	2	Check this box if the organization discontinued its operations or disposed of the	ł	ecate
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
<u>ග</u> න	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
ilvit	6	Total number of volunteers (estimate if necessary)	6	22
Act	1	Total unrelated business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated business taxable income from Form 990-T, line 39		0.
	8	Contributions and grants (Part VIII, line 1h)	Prior Year 0.	Current Year 0.
Revenue	9	Program service revenue (Part VIII, line 1h)	3,139,787.	3,128,731.
eVe	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25.	343.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,139,812.	3,129,074.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,500,000.	1,750,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
K		Total fundraising expenses (Part IX, column (D), line 25)	2 075 404	2 020 224
		Other expenses (Part IX, column (A), lines (1a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Bart IX, column (A), line 25)	2,975,494. 4,475,494.	2,930,234. 4,680,234.
		Revenue less expenses. Subtract line 18 from line 12	-1,335,682.	-1,551,160.
Ses	 ``	Tevendo less expenses. Cubidade into 10 (10) into 12	Beginning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)	33,569,409.	32,012,296.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	36,119,034.	36,113,081.
		Net assets or fund balances. Subtract line 21 from line 20	-2,549,625.	-4,100,785.
		Signature Block		
unae	er pena	Ities of perjury, I declare that have examined this return, including accompanying schedules and state	ements, and to the best of my	/ knowledge and belief, it is
uu,	COLLEC	t, and complete. Declaration of prepare (other than officer) is based on all information of which prepare	irer nas any knowledge.	
Sigr	,	Signature of officer	Date 13 12	7
Hero		KEITH SHERMAN, CHAIR		
		Type or print name and title	٠	
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid -		CHRISTINE N KOENIG Christine M Vaenia	5 11.2021 self-employe	
	arer	Firm's name DEMING MALONE LIVESAY & OSTROFF PSC	Firm's EIN ▶	61-1064249
USE	Only	Firm's address 9300 SHELBYVILLE RD STE 1100		00\406 0660
100	the !	LOUISVILLE, KY 40222-5187 S discuss this return with the preparer shown above? (see instructions)	Phone no. (5	02)426-9660 X Yes No
νιαν	uielit	NO GISCUSS CHIS LECUTE WILL CHE DIEDATEL SHOWN ADOVE (ISEE INSTRUCTIONS)		LX Yes L No

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO FURTHER THE CHARITABLE AND EDUCATIONAL PURPOSES OF THE UNIVER	
	OF LOUISVILLE FOUNDATION, INC.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expension of the control of t	20200
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experevenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 4,627,272. including grants of \$ 1,750,000.) (Revenue \$ 3,1	29,074.)
	DEVELOPMENT AND MANAGEMENT OF THE PROPERTY AND IMPROVEMENTS LOCA	TED AT
	THE CORNER OF MARKET AND SHELBY STREETS IN LOUISVILLE, KY.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	1 9	000 (00 (0)
	- F	orm 990 (2019)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		122
′	the any irrepresent historic land areas or historic structures? If "Voc." complete School u. D. Bort II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	Х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Λ	
ıza	Calcadula D. Darta VI and VII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		X
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		 *
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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Part IV	Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		.,	
04 -	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	00-		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04	Х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	Α.	Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı a	Check if Schedule O contains a response or note to any line in this Part V			
	Check is Contouring to Contains a response of note to any line in this fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

932004 01-20-20

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, Ited of the calendary year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization field all required federal employment is restured? Note: If the sum of lines 1s and 2a is granter from 250, you may be required to e-fire (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes,* has if field a Form 900°T for this year? If YeV 10 line 30, provide an explanation on Schedule O 4c At any time during the calendary year, did the organization have an interest in, or a dignature or other authority over, a financial account in a foreign country because in the financial account in a foreign country because in the financial account in a foreign country because in the financial account in a foreign country because in the financial account in a foreign country because in the financial accountry (FBAP). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). See Was the organization in a priv to a prohibited tax shelter transaction? 5b Was the organization for a priv to a prohibited tax shelter transaction? 5c Was the organization approach of the organization that it was or is a party to a prohibited tax shelter transaction? 5c Was the organization shelt are accepted that are normally greater than \$100,000, and did the organization social any contributions that were not tax deductibles of calertable contributions? 6c Was the organization shell are accepted that are normally greater than \$100,000, and did the organization social approach were not tax deductibles or calertable contributions? 6c Was the first organization shell are supposed to the proposition of the property of the organization shell are supposed to the property of the organization organization shell are supposed to the property of the organization organization shell are				Yes	No							
b If It least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of fines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unreliated business gross income of \$1,000 or more during the year? 3b If "Yes," has 1 field a Form 980-T for this year? If "No" to line 3b, provide an explanation on Schedule 0 3c At any time during the calendary year, did the organization have an interest in, or a significant or other authority over, a financial account in a Toreign country Seven shall be a shark account, securities account, or other financial accounts (FBAR). 5c If "Yes" or line to mane of the foreign country Seven the name of the foreign country Seven the name of the foreign country Seven Seven structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization aparty to a prohibited tax shelter transaction? 5d Was the organization aparty to a prohibited tax shelter transaction? 5d Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of exhibitation and the seven to tax deductibles of exhibitation and the seven to tax deductibles of exhibitation and express statement that such contributions or gifts were no tax deductibles of exhibitation and party for goods and services provided to the payor? 7d Organizations that may receive deductible contributions under section 170(c). 8 bit H'ves," did the organization neity the donor of the value of the goods or services provided to the payor? 7d If "Yes," indicates the number of Forms 8282 filed during the year 7 d If "Yes," indicates the number of Forms 8282 filed during the year 7 d If the organization receive a payment in excess of \$75 made sardy is a contribution and party for goods and services provided to the payor and the organization services and payor permit	2a											
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) a Did the organization have emitted business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to fire db, provide an explanation on Schedule 0 3b If "Yes," has it filed a Form 990-T for this year? If "No" to fire db, provide an explanation or other authority over, a financial account? If you have a bank account, securities account, or other financial account? 4a X X b If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accounts? 5b West the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction? 5b Was the organization aparty to a prohibited tax shelter transaction? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5a Dess the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5b If "Yes," did the organization notity the donor of the value of the goods or services provided? 5c Did the organization sell, example, or otherwise dispose of tangible personal property for which it was required to the Form 822? 5c Did the organization sell, example, or otherwise dispose of tangible personal property for which it was required? 5d If "Yes," indicate the number of Forms 822? filed during the year 5d If "Yes," indicate the number of Forms 822? filed during the year 6d If "Yes," indicate the number of Forms 822? filed during the year 6d If "Yes," indicate the number of Forms 822? filed during the year 7d If "Yes," organization received any funds, directly or indirectl		filed for the calendar year ending with or within the year covered by this return										
3a X X bill the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b 1f 'Yes,' inclined as it fled a Form 9807 for this year of It 'Not * tim #8,0 your owide an explanation on Schedule O 3b X X X X X X X X X	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b									
b if "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4b if "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial account? 4b if "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction? 5c Was the organization have annual gross receipts that it was or is a party to a prohibited tax shelter transaction? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions an express statement that such contributions or girls were not tax deductible? 6c Was the were not tax deductible? 6c Was the were not tax deductible or organization an express statement that such contributions or girls were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Was the organization shall may receive deductible contribution or departy for goods and services provided to the payor? 7a X Y 7b Was, "did the organization receive a payment in exess of \$5° made party as a contribution of quarty for goods and services provided to the payor? 7a X Y 7b Was, "include the number of Forms \$2820 filed during the year 7c Did the organization received an ornibrotion of quarties of the year 7c Did the organization received an ornibrotion of a did payment of the year was a payment of the year was a payment of the year was		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)										
4a A tary time during the calendary 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)? 5a Was the organization aparty to a prohibite tax was reasonal property or the francial accounts (FBAP). 5a Was the organization aparty to a prohibite tax shelter transaction? 5b X b Did any tixable party nority the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "vies to line 5a or 5b, did the organization the Ferm 88867. 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b X b If "vies," did the organization include with every solicitation an express statement that such contributions or gifts were not itax deductible? 7c Organizations that many receive deductible contributions under section 170(c). a bid the organization state in any receive deductible contributions under section 170(c). b If "vies," idid the organization include with every solicitation an express statement that such contributions or gifts were not itax deductible in orbit type dome or the value of the goods or services provided? 7c Organizations that many receive deductible contributions under section 170(c). a bid the organization receive a payment in excess of \$75 made party as a contribution of an adapty for goods and services provided to the payor? 7b If "ves," inclicate the number of Forms 8822 filed during the year b Lift the organization received a contribution of received in the year of the value of the goods or services provided? 7c X f Did the organization number of Forms 8822 filed during the year b Lift the organization received a contribution of qualified intellectual property, of the organization file Forms 8898 as required? 7f Lift organization received a contribution of the payor	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X							
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if 1º Yes, * ferter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c I* 1º Yes* to line Sa or 5b, did the organization file Form 8986-17? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If Yes,** did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization start many receive deductible contributions under section 170(c). a lid the organization receive a apment in excess 6157 made party as a contribution of party for goods and services provided to the payor? 7 b I* I* Yes,** did the organization notify the donor of the value of the goods or services provided? 7 c Did the organization received a payment in excess 6157 made party as a contribution of party for which it was required to like Form 8282? d If Yes,** indicate the number of Forms 8282 filed during the year 2 bid the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 7 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 8 Sponsoring organization have excess business holdings at any time during the year? 9 sponsoring organization have excess business holdings at any time during the year? 9 sponsoring organization make any taxable distributions under section 49667 9 section 501(c)(12) qualified to file texts in the org	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b									
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.		District 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	02									
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X							
If "Yes," complete Form 4720, Schedule O.					77							
	16		16		X							
		If "Yes," complete Form 4720, Schedule O.	Fe	000	(0040							

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X					
Sec	tion A. Governing Body and Management										
			_		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	o with any other									
	officer, director, trustee, or key employee?			2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervisior	ո								
	of officers, directors, trustees, or key employees to a management company or other person?			3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?		4		X					
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?			6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	opoint one or									
	more members of the governing body?			7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, or									
	persons other than the governing body?			7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
а	The governing body?			8a	X						
b	Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)									
			_		Yes	No					
	Did the organization have local chapters, branches, or affiliates?			10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl										
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ _{\cdot\cdot\cdot}$			10b	37						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the f	orm?	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				37						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe			37						
	in Schedule O how this was done		·····	12c	X						
13	Did the organization have a written whistleblower policy?			13							
14	Did the organization have a written document retention and destruction policy?			14	Х						
15	Did the process for determining compensation of the following persons include a review and approve										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45		v					
a	The organization's CEO, Executive Director, or top management official			15a		X					
a	Other officers or key employees of the organization			15b		_ A					
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	mont with -									
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger			16-		Х					
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			16a							
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization the organization to evaluate the organization that the organization the organization the organization that the organization the organization that the organization the organization that t										
				16b							
800	exempt status with respect to such arrangements?			เดม		<u> </u>					
	List the states with which a copy of this Form 990 is required to be filed ►KY										
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (Saction 5	501(0)(2)	e only) 21/2:1	ahlo					
10	for public inspection. Indicate how you made these available. Check all that apply.	110 990-1 (OBCHOILS	0 1 (0)(3)	o or ny	j avall	auie					
		on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	olicy and	l finar	ncial						
19	statements available to the public during the tax year.	Annot of interest po	noy, and	imial	icial						
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records	•								
_0	KEITH SHERMAN - 502-852-7300										
	215 CENTRAL AVE, STE 212, LOUISVILLE, KY 40208										

932006 01-20-20

Form **990** (2019)

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per		not c	Pos heck	ition more	than		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director		Officer Officer	irecto		tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DAVID ANDERSON DIRECTOR	0.50	x						0.	0.	0.
(2) NEELI BENDAPUDI	0.50	^						0.	0.	•
DIRECTOR	0.50	Х						0.	0.	0.
(3) JIM BOONE	0.50									
DIRECTOR	1.00	x						0.	0.	0.
(4) PAUL CARRICO	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
(5) JOHN CHILTON	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
(6) JILL FORCE	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
(7) SANDRA FRAZIER	0.50									
DIRECTOR	0.50	Х						0.	0.	0.
(8) DAVID KREBS	0.50							_	_	_
DIRECTOR	0.50	Х						0.	0.	0.
(9) LARRY MCDONALD	0.50								_	_
DIRECTOR	0.50	Х						0.	0.	0.
(10) MARK NICKEL	0.50	l								•
DIRECTOR	0.50	Х						0.	0.	0.
(11) MARY NIXON	0.50									•
DIRECTOR	0.50	Х						0.	0.	0.
(12) JASPER NOBLE	0.50	. ,						0.	0.	0
DIRECTOR	0.50	Х						0.	0.	0.
(13) KEN PAYNE	1.00	x						0.	0.	0.
OIRECTOR (14) EARL REED	1.00	Δ						0.	0.	<u> </u>
VICE CHAIR & SECRETARY	1.00	X		x				0.	0.	0.
(15) JIM ROGERS	0.50	Δ		Δ				0.	0.	<u></u>
DIRECTOR	0.50	x						0.	0.	0.
(16) JOHN SMITH	0.50								<u> </u>	
DIRECTOR	0.50	x						0.	0.	0.
(17) JOHN THOMPSON	0.50	ᢡ								
DIRECTOR	0.50	х						0.	0.	0.
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Form **990** (2019)

Page 8

Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	compensated Employe	es (continued)				
(A)	(C)						(D)	(E)			(F)		
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable		Es	stimate	ed .
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	- 1		nount	of
	week	\vdash	T a	luau	lecic) / ii us	1	from	from related	- 1		other	
	(list any hours for	irecto						the	organization			pensa	
	related	or d	88			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		rom the	
	organizations	nstee.	trust		9 6	ubeu		(88-2/1099-181130)			•	janizati d relati	
	below	dual t	tiona	١.	ploy	st cor						anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				3-		
(18) KRISTA WALLACE-BOAZ	0.50												
DIRECTOR	0.50	Х						0.		0.			0.
(19) KEITH SHERMAN	1.00							_					
CHAIR		X		Х				0.	231,8	89.	4	1,6	<u>35.</u>
(20) RON ABRAMS	0.50	۱											•
DIRECTOR (PREVIOUS)	0.50	Х						0.		0.			0.
(21) DAVID GRISSOM	0.50	۱.,											^
DIRECTOR (PREVIOUS)	0.50	Х						0.		0.			0.
(22) TOM MEEKER	0.50	x						0.		0.			0.
DIRECTOR (PREVIOUS) (23) NITIN SAHNEY	0.50	^	-			-		0.		<u> </u>			<u> </u>
DIRECTOR (PREVIOUS)	0.50	v						0.		0.			0.
DIRECTOR (FREVIOUS)	1 0.30	122						0.		- ' 			<u> </u>
		1											
										-			
		1											
												,	
1b Subtotal							ightharpoons	0.	231,8		4	1,6	
c Total from continuation sheets to Part V							ightharpoons	0.		0.			0.
d Total (add lines 1b and 1c)								0.	231,8		4	1,6	<u>35.</u>
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportab	le			_
compensation from the organization												V	0
6 5:111 : 1: 1: 1: 6 : 6"										П		Yes	No
3 Did the organization list any former officer			•		•		_		•				Х
line 1a? If "Yes," complete Schedule J for											3		$\overline{}$
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	-		-					•	the organization		4	x	
5 Did any person listed on line 1a receive or									idual for services		_		
rendered to the organization? If "Yes," con	•				•			od organization of marv	iddai for services		5		Х
Section B. Independent Contractors	10.010				,								
1 Complete this table for your five highest co	ompensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of con	npensa	ation f	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rithir	n the organization's tax	year.				
(A)	a alaba							(B)		_	(C		
Name and business	s address		~					Description of s	services	UC C	ompe	nsatio	n

(A) Name and business address	(B) Description of services	(C) Compensation
	PROPERTY MANAGEMENT	334,442.
FIRST CLASS COMMERCIAL CLEANING 10104 MERIONETH DR, LOUISVILLE, KY 40299	CLEANING SERVICES	261,845.
 Total number of independent contractors (including but not limited to those liste \$100,000 of compensation from the organization ► 	d above) who received more than	

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Ра	rt v	Ш							
			Check if Schedule O contains	a response	or note to any li				
						(A)	(B)	(C) Unrelated	(D) Revenue excluded
						Total revenue	Related or exempt function revenue	business revenue	for any harmonical and
									sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
ira our		b	Membership dues	1b					
s, G			Fundraising events						
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations						
inil		е	Government grants (contributions	s) 1e					
rion S		f	All other contributions, gifts, grants, a	nd					
bul			similar amounts not included above	_ 1f					
d O		g	Noncash contributions included in lines 1a-1	ıf 1g \$					
a S		h	Total. Add lines 1a-1f						
					Business Code				
မွ	2	а	RENTAL REVENUE		531120	3,128,731.	3,128,731.		
Program Service Revenue		b							
Se		С							
am eve		d							
90 H		е							
Ā		f	All other program service revenue	·····					
		g	Total. Add lines 2a-2f		>	3,128,731.			
	3		Investment income (including div	idends, intere	est, and				
			other similar amounts)		>				
	4		Income from investment of tax-ex	empt bond p	roceeds				
	5		Royalties						
				(i) Real	(ii) Personal				
	6		Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a						
•		b	Less: cost or other basis						
Ĭ.			and sales expenses						
eve			Gain or (loss) 7c		<u> </u>				
			Net gain or (loss)		<u> </u>				
	8	а	Gross income from fundraising events						
0			including \$						
			contributions reported on line 1c)	I .					
			Part IV, line 18			_			
Other Revenue			Less: direct expenses						
			Net income or (loss) from fundrais		D				
	9	а	Gross income from gaming activity	l l					
			Part IV, line 19			_			
			Less: direct expenses						
			Net income or (loss) from gaming		D				
	10	а	Gross sales of inventory, less retu	l l					
			and allowances			_			
			Less: cost of goods sold						
_		C	Net income or (loss) from sales of	inventory	Business Code				
sno	11	_	MISCELLANEOUS INC	COME	531390	343.	343.		
nec		a b			331330	3=3.	343.		
ella ³ver		C							
Miscellaneous Revenue			All other revenue				1		
≥			Total. Add lines 11a-11d		<u> </u>	343.			
	12	_	Total revenue See instructions				3.129.074.	0.	0.

Ture ix	A Statement of Functional Expenses												
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).													
Check if Schedule O contains a response or note to any line in this Part IX													
Do not include amou	into reported on lines 6h	(A)	(B)	(C)	(D)								

	Check if Schedule O contains a respon	so or note to any line in	thic Dart IV		
-		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and general expenses	Fundraising
<i>70,</i>			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,750,000.	1,750,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ü	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
•	``````````````````````````` <u>F</u>				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	52,962.		52,962.	
С	Accounting				
d					
е	D (' 1(1 ' ' ' O D ' N' I' 47				
f	Investment management fees				
g	//(!) 44				
9	column (A) amount, list line 11g expenses on Sch O.)	348,419.	348,419.		
40		8,504.	8,504.		
12	Advertising and promotion	4,884.	4,884.		
13	Office expenses	4,004.	4,004.		
14	Information technology				
15	Royalties	000 006	000 006		
16	Occupancy	899,006.	899,006.		
17	Travel	969.	969.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	176,477.	176,477.		
21	Payments to affiliates	161,600.	161,600.		
22	Depreciation, depletion, and amortization	1,118,364.	1,118,364.		
23		36,677.	36,677.		
	Insurance Other expenses, Itemize expenses not covered	30,011.	30,0774		
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	100 200	100 270		
а	LOAN MANAGEMENT FEE	122,372.	122,372.		
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,680,234.	4,627,272.	52,962.	0.
26	Joint costs. Complete this line only if the organization	, , , , , , ,	, ,	,	
20	reported in column (B) joint costs from a combined				
	. , , ,				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2019)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			930,261.	1	1,027,359.
	2	Savings and temporary cash investments			142,413.	2	53,851.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			3,449,751.	4	3,439,131.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons describe	d in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges	436,936.	9	403,913.		
	10a	Land, buildings, and equipment: cost or other		1			
		basis. Complete Part VI of Schedule D	10a	27,988,823.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	6,490,353.	22,465,170.	10c	21,498,470.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	6,144,878.	15	5,589,572.		
	16	Total assets. Add lines 1 through 15 (must equ	33)	33,569,409.	16	32,012,296.	
	17	Accounts payable and accrued expenses			108,840.	17	102,887.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, subs					
ja de		controlled entity or family member of any of the	se pers	ons	10 050 000	22	10 050 000
_	23	Secured mortgages and notes payable to unrel	ated th	ird parties	19,850,000.	23	19,850,000.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	s 17-24). Complete Part X	16 160 104		16 160 104
		of Schedule D			16,160,194.		
	26	Total liabilities. Add lines 17 through 25			36,119,034.	26	36,113,081.
S		Organizations that follow FASB ASC 958, che	eck her	re 🕨 🔼			
JC		and complete lines 27, 28, 32, and 33.			2 540 625		4 100 705
ala	27	Net assets without donor restrictions		-2,549,625.	27	-4,100,785.	
В	28	Net assets with donor restrictions				28	
ם		Organizations that do not follow FASB ASC 9	958, ch	eck here 🕨 📖			
ō		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SS	30	Paid-in or capital surplus, or land, building, or ed				30	
et A	31	Retained earnings, endowment, accumulated in			-2,549,625.	31	-4,100,785.
ž	32	Total net assets or fund balances		· ·	33,569,409.	32	
	33	Total liabilities and net assets/fund balances .			33,309,409.	33	32,012,296.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	,12	9,0	74.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,68	0,2	34.
3	Revenue less expenses. Subtract line 2 from line 1	3		, 55		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-2	,54	9,6	25.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	- 4	,10	0,7	85.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,			
	consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

TMC

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE NUCLEUS REAL PROPERTIES

Employer identification number 46-3070346

_		-			AD FROFERITE				0-3070340	
Pa	rt I	Reason fo	r Public (Charity Status (All organizations must co	mplete th	is part.) Se	ee instructions.		
Γhe	orgar	nization is not a p	rivate found	lation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, conv	ention of ch	urches, or association	n of churches described	d in sectio	n 170(b)(1	I)(A)(i).		
2		A school descr	ibed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical rese	arch organiz	ation operated in cor	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization	n operated for	or the benefit of a co	lege or university owned	d or opera	ted by a g	overnmental unit describ	ped in	
				Complete Part II.)		•	, ,			
6					nental unit described in	section 17	70(b)(1)(A)	(v).		
7			-					unit or from the general	public described in	
		· ·		omplete Part II.)	That part of the eappoint			anni en menn ane general		
8					1)(A)(vi). (Complete Part	+ II)				
9	П	-					ed in coni	ınction with a land-grant	college	
,		-	_	-			_	/, and state of the colleg	-	
			a non-iana-	grant college or agric	uiture (see iristructioris).	Linter tine	riarrie, city	, and state of the colleg	C 0	
10		university:	that narma	Illy receives: (1) more	than 22 1/20/ of its our	nort from	contributi	ons, membership fees, a	and grass resoints from	
10	ш	-		*	•	-				
				-	•			n 33 1/3% of its suppor	-	
					(less section 511 tax) in	om busine	sses acqu	ired by the organization	arter June 30, 1975.	
		See section 50		· ·				201 1141		
11		-	-	=	vely to test for public sa	•			_	
12	X	ŭ	ū	•	•	•		ons of, or to carry out the	• •	
		more publicly s	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in	
		_lines 12a throu	gh 12d that	describes the type o	f supporting organizatio	n and con	nplete lines	s 12e, 12f, and 12g.		
а		☐ Type I. A supplemental of the property	porting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving	
		the supporte	d organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting	
		organization.	You must o	complete Part IV, Se	ctions A and B.					
b	X	Type II. A su	pporting org	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	iving	
		control or ma	nagement o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III fund	tionally inte	grated. A supporting	organization operated	in connec	tion with, a	and functionally integrate	ed with,	
		its supported	l organizatio	n(s) (see instructions). You must complete F	Part IV, Se	ections A,	D, and E.		
d			_		·			vith its supported organi	zation(s)	
								quirement and an attent		
			-	-	plete Part IV, Sections	•		-		
е			-	•	-			a Type I, Type II, Type III		
Ū					nally integrated support			, po ., . , po, . , po		
f	Ent	er the number of	_	* *	nany integrated support	ing organi	zation.		1	
				n about the supporte	d organization(s)					
9		(i) Name of suppor		(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other	
		organization		(-,	(described on lines 1-10	in your governi	ng document? No	support (see instructions)	support (see instructions)	
TNT	T 17 E	ERSITY OF			above (see instructions))	163	140			
				23-7078461	5	Х		1,750,000.	0.	
ЦО	OTS	ATTTE FO	ONDATT	23-7070401		Λ		1,730,000.	0.	
F . 4 -								1 750 000	<u> </u>	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sei	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	,	,			12	
13	First five years. If the Form 990 is for						. \Box
804	organization, check this box and store ction C. Computation of Publ						_
	<u>.</u>		<u> </u>	(6)			0/
	Public support percentage for 2019 (I					15	<u>%</u>
	Public support percentage from 2018 33 1/3% support test - 2019. If the control of the control o						<u>%</u>
100	stop here. The organization qualifies						
h	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual	•		•		•	
17a	10% -facts-and-circumstances tes						
.,,	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			=	=	-	
h	10% -facts-and-circumstances tes						
~	more, and if the organization meets the	-					
	organization meets the "facts-and-circ				-		▶ □
18	Private foundation. If the organization						ıs
			,	, , , ,, 11		edule A (Form 990	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6		, ,	, ,	, ,	,	()
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization'	s first second this	rd fourth or fifth t	ax vear as a section	n 501(c)(3) organi:	zation
•		-			-		
Se	ction C. Computation of Publ						
	Public support percentage for 2019 (column (f))		15	%
	Public support percentage from 2018					16	/ 6
	ction D. Computation of Inves						70
	Investment income percentage for 20					17	%
	Investment income percentage from					18	
	a 33 1/3% support tests - 2019. If the					$\overline{}$	
.50	more than 33 1/3%, check this box a						
	o 33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Ves	NI-
1		Yes	No
	1	Х	
	2		Х
	3a		X
	3b		
	3c		
	4a		X
	та		
	4b		
	4c		
	5a		X
	EL.		
	5b 5c		
	30		
	6		X
	7		X
	8		X
	3		
	9a		Х
	9b		X
			Х
	9c		Λ
	10a		Х
_	10b		00::
m 9	90 or 99	JU-EZ)	2019

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported	-		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	tion C. Type II Supporting Organizations			
	non or type in eapperting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	х	
	tion D. All Type III Supporting Organizations			
000	tion b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	,		
	tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
	7. 7 7 7 7			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction The organization satisfied the Activities Test. Complete line 2 below.	ns).		
a b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
	The organization is the parent of each of its supported organizations. Complete line's below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inatruation	-1	
C	Activities Test. Answer (a) and (b) below.	II ISU UCUON	Yes	No
			162	NO
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u>.</u>		
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	6.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Pai	rt V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Sect	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	ns		
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	е	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
			(i)	(ii)	(iii)
Sect	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrik	outable amount for 2019 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2019, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	zero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2019. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part \	/I. See instructions.			
7	Exces	ss distributions carryover to 2020. Add lines 3j			
	and 4	c.			
8	Break	down of line 7:			
а	Exces	ss from 2015			
b	Exces	ss from 2016			
С	Exces	ss from 2017			
d	Exces	ss from 2018			

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE NUCLEUS REAL PROPERTIES, INC.

Employer identification number 46-3070346

Schedule D (Form 990) 2019

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	nts that describes the
_	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections o		her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub	· · · · · · · · · · · · · · · · · · ·	·
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1		•
b	Assets included in Form 990, Part X		S \$

932051 10-02-19

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

Pai	t III Organizations Maintaining C	ollections of Ar	t, His	torical Tr	easures, c	or Othe	r Similar As	sets(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of the	following tha	t make siç	gnificant use o	f its	
	collection items (check all that apply):								
а	Public exhibition	d		Loan or exc	hange progra	am			
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how tl	hey further t	he organizati	on's exem	npt purpose in	Part XIII.	
5	During the year, did the organization solicit or			-	_				
	to be sold to raise funds rather than to be ma				•			Yes	☐ No
Pai	t IV Escrow and Custodial Arrang							IV, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.		-					
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for	contribution	ns or other as	sets not i	ncluded		
	on Form 990, Part X?		-					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
	, 1		3					Amount	
С	Beginning balance						1c		
	Additions during the year								
	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fo							Yes	□ No
	If "Yes," explain the arrangement in Part XIII.		•						
	t V Endowment Funds. Complete if						 າ		
		(a) Current year		Prior year	1		d) Three years b	ack (e) Four y	eare hack
10	Beginning of year balance	(a) Guirent year	(6)	noi yeai	(C) TWO your	J DUCK (a) Till oo yours b	dok (e) roury	cars back
	The state of the s								
	Contributions								
	Net investment earnings, gains, and losses							+	
	Grants or scholarships					-			
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment >	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	ation th	at are held a	and administe	red for the	e organization		
	by:							Y	es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.					
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990), Part I	V, line 11a. S	See Form 990), Part X, li	ine 10.		
	Description of property	(a) Cost or of			t or other		cumulated	(d) Book	value
	2 coonplian of property	basis (investn			(other)		reciation	(4, 200	
12	Land	,			4,980.			964	,980.
	Buildings				9,273.	3.9	07,127.	18,972	
	Leasehold improvements				5,829.		90,645.	1,525	
	Equipment			-,	-,	-, -	,	_,	, =
				42	8,741.	3	92,581.	36	,160.
	Other Add lines 1s through 1s (Column (d) must ex		Y col:::				,,		470.

Schedule D (Form 990) 2019

	S REAL PROPERT	IES, INC.	46-3070346 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: (Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total (Col. (b) must equal Form 000, Part V, col. (P) line 12.)	+		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	" on Form 000 Part IV line	11c Soc Form 900 Part V lin	o 13
(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)	(-,	(-,	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, lin	e 15.
) Description		(b) Book value
(1) DEFERRED LEASING COSTS, N			1,276,626
(2) TENANT LEASING COSTS, NET	[4,312,946
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		<u>5,589,572</u>
Part X Other Liabilities.	Il am Farma OOC Deat IV.	11a au 11f Car Farra 000 B	+ V. lin - 05
Complete if the organization answered "Yes"	on Form 990. Part IV. line	THE OF LIT. See FORM 990, Par	LA. IIIIE /5.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO UNIVERSITY OF LOUISVILLE	
(3)	FOUNDATION, INC.	16,160,194.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	16,160,194.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

Schee Par	dule D (Form 990) 2019 THE NUCLEUS REAL PROPERTIES, IN			070346 _{Page}
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•		
1	Total revenue, gains, and other support per audited financial statements		1	3,129,074
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains (losses) on investments			
	Donated services and use of facilities 2b			
	Recoveries of prior year grants 2c			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	3,129,074
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,129,074
Par	t XII Reconciliation of Expenses per Audited Financial Statements W	ith Expenses per P	letur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	2,930,234
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIII.)			_
	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	2,930,234
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	1,750,000.		
С	Add lines 4a and 4b		4c	1,750,000
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,680,234
Provid	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		Part >	ζ, line 2; Part XI,
PAR	T X, LINE 2:			
THE	CONSOLIDATED FINANCIAL STATEMENTS OF UNIVERSI	TY OF LOUISV	ILI	Æ
FOU	NDATION, INC. AND AFFILIATES INCLUDES THE FOLI	LOWING: THE	FOU	NDATION
COM	PLETED AN ANALYSIS OF ITS UNCERTAIN TAX POSITION	ONS IN ACCOR	DAN	ICE WITH

APPLICABLE ACCOUNTING GUIDANCE AND DETERMINED THERE ARE NO AMOUNTS TO BE RECOGNIZED ON THE CONSOLIDATED FINANCIAL STATEMENTS AT JUNE 30, 2020 OR 2019.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DISTRIBUTIONS TO UNIVERSITY OF LOUISVILLE FOUNDATION, INC. 1,750,000.

Schedule D. Form 2002 2019 THE NUCLEUS REAL PROPERTIES, INC. 46-3070346 Page 5 Part XIII Supplemental Information (continued)	Schedule D (Form 990) 2019	THE	NUCLEUS	REAL	PROPERTIES,	INC.	46-3070346 Page 5
	Part XIII Supplemental Infor	mation	(continued)				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **2019**

Open to Public Inspection

Employer identification number Name of the organization 46-3070346 THE NUCLEUS REAL PROPERTIES, INC. Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, noncash assistance or government (if applicable) cash grant non-cash or assistance FMV, appraisal, assistance other) UNIVERSITY OF LOUISVILLE FOUNDATION, INC. - 215 CENTRAL AVE, STE 212 - LOUISVILLE, KY 40208 23-7078461 501(C)(3) 0 SUPPORTING PAYMENTS 1,750,000 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2019)

0.

Schedule I (Form 990) (2019) THE NUCLEUS REA	46-3070346	Page 2				
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash as	sistance
Part IV Supplemental Information. Provide the information rec	uuired in Part I. lin	ie 2: Part III. columr	(b): and any other a	dditional information.		
PART I, LINE 2:	,	, ,	() ,			
THE ORGANIZATION IS OPERATING EXCL	JISTVELY	FOR THE BE	NEFTT OF T	HE UNIVERSITY		
OF LOUISVILLE FOUNDATION, INC. (FO				'S BOARD OF		
DIRECTORS CONSISTS OF THE BOARD OF	F DIRECTO	RS OF THE	FOUNDATION	, THE GRANT		
RECIPIENT.						

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

THE NUCLEUS REAL PROPERTIES INC. **Employer identification number** 46-3070346

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
_				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	ש		

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(13)(1)-(12)	reported as deferred on prior Form 990
(1) KEITH SHERMAN (i)	0.	0.	0.		0.	0.	0.
CHAIR (ii)		0.	774.	24,000.	17,635.	273,524.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(i)							
(i) (ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

➤ Go to www.irs.gov/Form990 for the latest information.

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE NUCLEUS REAL PROPERTIES, INC.

Employer identification number 46-3070346

FORM 990, PART VI, SECTION B, LINE 11B:

THE RETURN IS FIRST REVIEWED BY UNIVERSITY OF LOUISVILLE FOUNDATION, INC.

STAFF INCLUDING THE INVESTMENT AND TAX REPORTING MANAGER, CONTROLLER, AND

EXECUTIVE DIRECTOR & CHIEF OPERATING OFFICER. THE RETURN IS REVIEWED BY THE

FOUNDATION'S LEGAL COUNSEL. THE FULL BOARD OF DIRECTORS, INCLUDING THE

CHAIR OF THE AUDIT COMMITTEE, RECEIVED THE RETURN PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BEFORE ANY MEETING OF THE BOARD OF DIRECTORS (OR A COMMITTEE OF THE BOARD),

AN AGENDA IS CIRCULATED TO EACH MEMBER WITH DESCRIPTIONS OF THE ACTION

ITEMS. THIS ALLOWS SUFFICIENT TIME FOR ANY BOARD MEMBER TO ALERT THE BOARD

ABOUT A POTENTIAL CONFLICT OF INTEREST. FURTHER, AT THE BEGINNING OF BOARD

AND COMMITTEE MEETINGS, THE FOLLOWING IS READ: DOES ANY MEMBER HAVE A

CONFLICT OF INTEREST OR APPEARANCE OF ONE WITH RESPECT TO ANY MATTER COMING

BEFORE THE BOARD/COMMITTEE TODAY?

WHEN AN ITEM IS PRESENTED TO THE BOARD OF DIRECTORS (OR A COMMITTEE OF THE BOARD) FOR ACTION, THE BOARD MEMBER WILL DISCLOSE HIS OR HER POSSIBLE

CONFLICT OF INTEREST AND MUST RECUSE HIMSELF OR HERSELF FROM VOTING. THE BOARD MEMBER ALSO AVOIDS PARTICIPATING IN ANY DECISION OR ADVOCATING FOR ANY DECISION OF THE BOARD. IN SOME CIRCUMSTANCES, SUCH AS WHEN THE CONFLICT OF THE BOARD MEMBER PLACES THE BOARD MEMBER IN COMPETITION WITH THE UNIVERSITY, THE BOARD MEMBER WILL LEAVE THE BOARD MEETING DURING DISCUSSION OR UPDATE ON THE ACTION.

A CONFLICT OF INTEREST QUESTIONNAIRE IS GIVEN ANNUALLY TO ALL BOARD MEMBERS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

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THE NUCLEUS REAL PROPERTIES, INC.	46-3070346
AND OFFICERS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE CHAIR IS COMPENSATED BY A RELATED ORGANIZATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE UPON REQ	UEST. THE 990 IS
ALSO AVAILABLE ON THE UNIVERSITY OF LOUISVILLE FOUNDATION	WEBSITE.
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION'S ACTIVITIES ARE CONSOLIDATED WITH THE U	NIVERSITY OF
LOUISVILLE FOUNDATION, INC. (FOUNDATION). AN AUDIT OF THE	CONSOLIDATED
FINANCIAL STATEMENTS OF UNIVERSITY OF LOUISVILLE FOUNDATI	ON, INC. AND
ITS AFFILIATES, AS WELL AS AN AUDIT OF THE ORGANIZATION,	IS PERFORMED
BY AN INDEPENDENT FIRM. THE AUDITS ARE APPROVED BY THE F	OUNDATION'S
AUDIT COMMITTEE AND REVIEWED BY THE FOUNDATION'S FINANCE	COMMITTEE AND
BOARD OF DIRECTORS.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

THE NUCLEUS REAL PROPERTIES, INC.

Employer identification number 46-3070346

(a)	(b)	(c)	(d)	(e)	1		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity			ome End-of-yea				9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had on	e or more	related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) et controlling entity	Section 5 contr	rolled ity?
UNIVERSITY OF LOUISVILLE FOUNDATION, INC				301(0)(0))			Yes	No
23-7078461, 215 CENTRAL AVENUE, SUITE 212, LOUISVILLE, KY 40208	ENHANCEMENT OF UNIVERSITY OF LOUISVILLE'S MISSION	KENTUCKY	501(C)(3)	LINE 5	N/A			x

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

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)		j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	man	aging tner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
CAMPUS ONE, LLC - 27-3900405 500 N HURSTBOURNE PKWY, STE 40					_							
LOUISVILLE, KY 40222	REAL ESTATE	KY	N/A	N/A	N/A	N/A	N/A		N/A	N/	Α	N/A

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec.	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	ership contr	
		country)		ŕ				Yes	No
METACYTE BUSINESS LAB, LLC - 16-1657492									
215 CENTRAL AVENUE, SUITE 212	HEALTH RELATED								
LOUISVILLE, KY 40208	RESEARCH	KY	N/A	C CORP	N/A	N/A	N/A		X
CHARITABLE REMAINDER TRUSTS (15)	INVESTMENTS	KY	N/A	TRUST	N/A	N/A	N/A		x
			<u> </u>		-	·			
									<u> </u>
	-								
	-								

Schedule R (Form 990) 2019

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions with one or m	nore rela	lated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity						
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		X
	d Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e	Х	
f	f Dividends from related organization(s)				1f		Х
g	g Sale of assets to related organization(s)				1g		X
h	h Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k		X
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
m	m Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)						
	o Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r	Х	
	s Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must comp	plete thi	is line, including covered	relationships and transaction thresholds.			
	(a) (b) Name of related organization Transaction type (a-s)		(c) Amount involved	(d) Method of determining amount inv	olved		
1)							
3)							
2)							
3)							
-,							
4)							
,							
5)							
-							
6)							
3216	163 09-10-19 35			Schedule F	R (For	n 990)	2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c)(orgs.	sec. (3)	Share of total	Share of end-of-year	Disprition	opor- ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	or Perce	centage
or entity		country)	excluded from tax under sections 512-514)	orgs.	?"	totai	ena-or-year	allocat	ions?				- ق - ا - ا - ا - ا - ا
		Country)	Sections 5 (2-5 (4)			income	assets	uou		of Schedule K-1	partne	? OWIT	nersnip
				Yes	No	lilcome	assets	Yes	No	(FOIII 1065)	Yes N	0	
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