جست مرا		0.01.
Mr. s. Inc.	EXTENDED TO MAY 17, 2021 2939	821900700
Form 990-T	Exempt Organization Business Income Tax Retu	
Form JJU	(and proxy tax under section 6033(e))	7.
•	For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020	2019
D	Go to www.irs.gov/Form990T for instructions and the latest information.	
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions)
B Exempt under section	Print ASU ENTERPRISE PARTNERS	47-5599177
X 501(c()(3) 408(e) 220(e)	or Type Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 2260	E Unrelated business activity code (See instructions)
408A 530(a) 529(a)	City or town, state or province, country, and ZIP or foreign postal code TEMPE, AZ 85280-2260	525990
C Book value of all assets	F Group exemption number (See instructions.)	
at end of year 278,595,		01(a) trust Other trust
H Enter the number of the	organization's unrelated trades or businesses. 1 Describe the only (or first	st) unrelated
trade or business here	INVESTMENTS IN LIMITED PARTNERSHIPS . If only one, complete Parts	
describe the first in the bl	lank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each add	ditional trade or
business, then complete l	Parts III-V.	
During the tax year, was	the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Yes X No
	and identifying number of the parent corporation.	
J The books are in care of	► VIRGINIA E. DESANTO Telephone number	
	d Trade or Business Income (A) Income (B) Expe	enses (C) Net
1a Gross receipts or sale	.	
b Less returns and allow		
2 Cost of goods sold (S	Schedule A, line /)	
3 Gross profit. Subtract		
4a Capital gain net incom b Net gain (loss) (Form	ne (attach Schedule D) 4797, Part II, line 17) (attach Form 4797) 4b 5	
c Capital loss deduction		
•	partnership or an S corporation (attach statement) 5 -1,199,368. STMT 1	-1,199,368.
6 Rent income (Schedul		
•	ed income (Schedule E)	
	valties, and rents from a controlled organization (Schedule F)	
-	f a section 501(c)(7), (9), or (17) organization (Schedule G)	
10 Exploited exempt activ	vity income (Schedule I)	
11 Advertising income (S	Schedule J)	
12 Other income (See ins	structions; attach schedule)	•
13 Total. Combine lines	3 through 12 13 -1,199,368.	-1,199,368.
Part IT Deduction	ns Not Taken Elsewhere (See instructions for limitations on deductions)	
	smust be directly connected with the unrelated business income)	
•	icers, directors, and trustees (Schedule K)	14
15 Salaries and wages		15
16 Repairs and mainten	nance	16
17 Bad debts	udulo) (aga matauatiana)	17
18 Interest (attach schein19 Taxes and licenses	edule) (see instructions) STMT 2	18 50.
	- 1	19 30.
21 Less depreciation cla	aimed on Schedule A and elsewhere on return RECEIVED	21b
22 Depletion	RECEIVED	22
	erred compensation plans	23
24 Employee benefit pro	/ IMI - IZI	24
25 Excess exempt exper	nses (Schedule I)	25
26 Excess readership co	ooto (Cobadula I)	26
27 Other deductions (at	TO A STATE OF THE PART OF THE	27 158,718.
	dd lines 14 through 27	28 .158,768.
29 Unrelated business to	taxable income before net operating loss deduction. Subtract line 28 from line 13	29 -1,358,136.
30 Deduction for net op-	erating loss arising in tax years beginning on or after January 1, 2018	· [] [· · · ·

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

STMT 4

-1,358,136.

Form **990-T** (2019)

Unrelated business taxable income. Subtract line 30 from line 29

(see instructions)

		ASU ENTERPRISE PARTNERS					47-	559917	7	Page 2
Part	11,	Total Unrelated Business Taxab	le Income							
32	Total of	unrelated business taxable income computed	from all unrelated trades or busines	sses (see	: instructions)	1	32	-1,	358,	136.
33	Amount	s paid for disallowed fringes					33			
34	Charital	ble contributions (see instructions for limitation	n rules)			STMT 5	34	_		0.
35	Total ur	related business taxable income before pre-20	18 NOLs and specific deduction S	Subtract lin	ie 34 from the sum of			-1,	358,	136.
36	Deducti	on for net operating loss arising in tax years b	eginning before January 1, 2018 (se	ee instruc	ctions)	STMT 6	36			
37	Total of	unrelated business taxable income before spe	cific deduction. Subtract line 36 from	om tine 35	5	7	37	-1,	358,	136.
38	Specific	deduction (Generally \$1,000, but see line 38 i	nstructions for exceptions)				38			
39	Unrelat	ed business taxable income. Subtract line 38	from line 37. If line 38 is greater th	han line 3	37,					
	enter th	e smaller of zero or line 37					39	-1,	358,	136.
Part	iy/	Fax Computation					<u>'</u>			
40	Organiz	ations Taxable as Corporations. Multiply line	: 39 by 21% (0.21)			•	40			0.
41	Trusts ?	Taxable at Trust Rates. See instructions for ta	x computation. Income tax on the a	amount o	n line 39 from:					
	Ta	ax rate schedule or Schedule D (Form	1041)			•	- 41			
42	Proxy to	ax. See instructions				•	- 42			
43	Alternat	ive minimum tax (trusts only)					43			
44	Tax on	Noncompliant Facility Income. See instructio	ns				44			
		dd lines 42, 43, and 44 to line 40 or 41, which	ever applies				45			0.
Part	<u>y</u>	Tax and Payments								
46 a	Éoreign	tax credit (corporations attach Form 1118; tru	sts attach Form 1116)		46a					
b	Other c	redits (see instructions)			46b					
C	General	business credit. Attach Form 3800			46c					
d	Credit f	or prior year minimum tax (attach Form 8801 o	or 8827)		46d]			
е	Total cr	edits. Add lines 46a through 46d			•		46e			
47	Subtrac	t line 46e from line 45					47			0.
48	Other ta	ixes. Check if from: Form 4255	Form 8611 🔲 Form 8697 🔲	Form 8	866 Other	(attach schedule)	48	·		
49	Total ta	x. Add lines 47 and 48 (see instructions)					49			0.
50	2019 ne	et 965 tax liability paid from Form 965-A or For	m 965-B, Part II, column (k), line 3	3			50			0.
51 a	Paymer	its: A 2018 overpayment credited to 2019			5∫1a					
b	2019 es	timated tax payments			5 1b					
C	Tax dep	osited with Form 8868			51c					
d	Foreign	organizations: Tax paid or withheld at source	(see instructions)		51d					
е	Backup	withholding (see instructions)			51e		μ 1			
f	Credit f	or small employer health insurance premiums	(attach Form 8941)		5 1f		\Box			
g	Other ca	redits, adjustments, and payments: Fo	rm 2439	_						
	Fo	orm 4136 Ot	her T	Total 🕨	- 51g		*			
52	Total pa	syments. Add lines 51a through 51g					52			
53	Estimat	ed tax penalty (see instructions). Check if Form	2220 is attached				53			
54	Tax due	. If line 52 is less than the total of lines 49, 50	, and 53, enter amount owed			•	54			
55	Overpa	yment. If line 52 is larger than the total of lines	49, 50, and 53, enter amount over	rpaid		•	- 55			
56		e amount of line 55 you want: Credited to 202				funded	56			
Part	<u> </u>	Statements Regarding Certain A	Activities and Other Info	ormatic	on (see instru	ictions)				
57	At any t	ime during the 2019 calendar year, did the org	anization have an interest in or a sig	gnature o	r other authority				Yes	No
	over a f	inancial account (bank, securities, or other) in	a foreign country? If "Yes," the orgai	anization	may have to file			l	- ·	
	FinCEN	Form 114, Report of Foreign Bank and Financi	al Accounts. If "Yes," enter the name	e of the f	oreign country			į.	<u> </u>	
	here	>						[Х
58	During '	the tax year, did the organization receive a dist	ribution from, or was it the grantor of	of, or tra	nsferor to, a fore	ign trust?				Х
	If "Yes,"	see instructions for other forms the organizati	on may have to file.							
59	Enter th	e amount of tax-exempt interest received or ac	crued during the tax year 🕨 💲		7,486,68	1.			£.	i
<u>~</u>	Ur	der penalties of perjury, I declare that I have examined in the rect, and complete Declaration of preparer (other than	this return, including accompanying schedule	dules and st	tatements, and to the	best of my know	ledge and beli	ef, it is true,		
Sign	"	A A C A C A A -	•	non propar	ar nas any knowledge	ľ	May the IRS d	licares this i	eturn w	am T
Here		UE Vesanto		AND T	REASURER		the preparer s			·
		Signature of officer	Date Title				instructions)?	X Yes	3	No
		Print/Type preparer's name	Preparer's signature	D	ate	Check	ıf PTIN			
Paid						self- employe	d			
Prep		DANIEL ROMANO		1	1/16/2020		P00	504182		
Use		Firm's name FGRANT THORNTON LLP				Firm's EIN	▶ 36	-60555	58	
	~···y	757 THIRD AVE 3	RD FLOOR							
		Firm's address NEW YORK, NY 10	017-2013			Phone no.	212-599-	-0100		
923711 0	1-27-20							Form 99	0-T (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A				
1 Inventory at beginning of year	1	_	6 Inventory at end of year		6		
2 Purchases	2		7 Cost of goods sold. S		line 6	'	
3 Cost of labor	_ 3		from line 5. Enter here	and in	Part I,		
4 a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or a	acquire	d for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Property L	.ease	ed With Real Prop	erty)	
1. Description of property							
(1)					 		
(2)							
(3)							
(4)							
		ed or accrued	·		0(0) 0000000000000000000000000000000000		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ge	3(a) Deductions directly columns 2(a) an	d 2(b) (attach schedule	
(1)							
(2)							
(3)		<u></u>					
(4)							
Total	0.	Total		0.	.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Det	ot-Financed	Income (see	instructions)				
			2. Gross income from		3. Deductions directly conn to debt-finance	ected with or allocable ed property	9
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other de (attach sch	
(1)							
(2)							
(3)							
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5	!	7. Gross income reportable (column 2 x column 6)	8. Allocable (column 6 x tota 3(a) and	al of columns
(1)			%				
(2)			%				
(3)			%				
(4)			%				
					Enter here and on page 1, Part I, line 7, column (A)	Enter here and o	
Totals			•	<u></u>	0.		0.
Total dividends-received deductions II	ncluded in columi	18			>		0.
						Form 9	990-T (2019)

			Exempt (Controlled O	rganizatio	ons				
Name of controlled organization		Employer ntification number	3. Net unr (loss) (see	3. Net unrelated income (loss) (see instructions) 4. Total payme		tal of specified ments made 5. Part of column included in the coorganization's gros		d in the contr	controlling connected wit	
(1)										
(2)							<u> </u>			
(3)										
(4)										
Nonexempt Controlled Organiz	ations		_							
7. Taxable Income	8. Net unrelated in (see instruct	come (loss) tions)	9, Total	of specified payr made	nents	10. Part of column the controlling gross	nn 9 that ng organi s income	is included zation's	11, Dec with	ductions directly connected income in column 10
(1)			İ	•			·			
(2)										
(3)										
(4)										
						Add colun Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)
Totals	at Income of	Continu	501/a\/7	(0) 07/	17\ 0 = 0	onization		0.		. 0
Schedule G - Investme		a Section	1)(3)1/0), (3), or (ii) Org	anization				
	ription of income			2. Amount of	income	3. Deduction directly connected (attach scheduler)	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)						· · -			•	(car o prince or 1)
(2)										<u> </u>
(3)										
(4)										
				Enter here and Part I, line 9 co		, , ,	•	,		Enter here and on page Part I, line 9, column (B)
Totals			>		0.	ا جو ڪي	٠, '			0
Schedule I - Exploited see instru	-	ty Incom	e, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with po of ur	xpenses connected roduction nrelated ss income	4. Net incon from unrelated business (co minus colum gain, compute through	trade or lumn 2 n 3) If a o cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributa colun	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					1					
(2)		I								
(3)	•				1					
(4)		T								
	Enter here and on page 1, Part I, line 10, col (A)	page	ere and on 1, Part I,), col (B)	-	* ,					Enter here and on page 1, Part II, line 25
Totals 🕨		<u> </u>	0.	<u></u>		, +				0
Schedule J - Advertisir Part I Income From I				solidated	Basis					
1. Name of penodical	2. Gros advertisir income	ng law	3. Direct vertising costs	4. Advert or (loss) (c col 3) If a g cols 5 th	ol 2 minus sin, compute	5. Circulat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										5, 5 4 2 E
(2)					- • ′]	
(3)					· ´					
(4)				5 ,						*
										

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
					. "
0.	0.			***	0.
Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	193 - 194 - 195 -			Enter here and on page 1, Part II, line 26
0.	0.	* ' '		,	0.
	advertising income 0. Enter here end on page 1, Part I, line 11, col (A)	advertising advertising costs 0. Ursect advertising costs Enter here and on page 1, Part I, line 11, col (A) Inne 11, col (B) 0. 0. 0.	3. Direct advertising costs or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7. 0. 0. Enter here and on page 1, Part I, line 11, col (A) line 11, col (B) 0. 0. 0.	advertising advertising costs advertising costs or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7. 5. Circulation income or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7.	3. Direct advertising advertising costs of (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7. 0. 0. Enter here and on page 1, Part I, line 11, col (A)

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

EIN 47-5599177

Form 990-T, Part I, Line 5 FYE 6/30/2020

Income / (loss) from participation as a limited partner in investment funds that reported taxable activity via K-1s

NAICS: 525990

	FEDERAL
Total Ordinary Income (Loss) from Limited Partnerships	(1,199,368)

50

ASU ENTERPRISE PARTNERS	EIN: 47-5599177
Form 990-T, Part II, Line 19 FYE 6/30/2020	
Taxes and Licenses	
NAICS: 525990	
Arizona	50

Total Taxes Paid

EIN: 47-5599177

Form 990-T, Part II, Line 27

FYE 6/30/2020

Other Deductions

NAICS: 525990

Total Other Deductions	158,718
Investment Management Fees	151,718
Tax Preparation Fees	7,000

EIN. 47-5599177

Form 990-T, Part II, Line 30 FYE 6/30/2020

Net Operating Loss Arising in Tax Years Beginning After January 1, 2018

NAICS: 525990

Fiscal Year Ended	Net Operating (Loss) Incurred	Net Operating Loss Used	NOL Carryforward available for next year	Period NOL used
6/30/2020	(1,358,136)	-	(1,358,136)	N/A
Carryforward to FYE	6/30/2021		(1,358,136)	

EIN. 47-5599177

Form 990-T, Part III, Line 34 FYE 6/30/2020

Charitable Contributions Carryforward

Fiscal Year Ended	Charitable Contributions Made	Charitable Contributions (Used)	Carryforward available for next year	Period Charitable Contributions used
6/30/2017	240,000	(38,063)	201,937	FYE 6/30/2019
6/30/2018	348,786	-	550,723	N/A
6/30/2019	4,935,000	-	5,485,723	N/A
6/30/2020	2,008,036	-	7,493,759	N/A

Carryforward to FYE 6/30/2021

7,493,759

EIN: 47-5599177

Form 990-T, Part III, Line 35 FYE 6/30/2020

Net Operating Loss Arising in Tax Years Beginning Before January 1, 2018

Fiscal Year Ended	Net Operating (Loss) Incurred	Net Operating Loss Used	NOL Carryforward available for next year	Period NOL used
6/30/2017	(52,236)	52,236	-	FYE 6/30/2019
6/30/2018	(1,272,528)	290,337	(982,191)	FYE 6/30/2019
	-	-	(982,191)	N/A
Carryforward to FYE	6/30/2021		(982,191)	