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Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

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

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Α	For t	ne 2008 calendar year, or tax year beginning $JUL~1$, $~2008$ and ending $JUN~30$	<u>, </u>	2009
В	Check applica	ble Please Vitarie of Organization	oyer	identification number
	Addr chan	use IRS THE REAL ESTATE LEGACY FOUNDATION OF	_	
L	Nam chan	^N 1		417672
[]	Initi retu	Room/Sulte Number and Street (of P.O. Dox, if main's not delivered to street address) Room/Sulte E. Feleg		
	Ten	Instruct Land and the second s	2-	585-4649
C	lretu	nded tions City or town, state or country, and ZIP + 4	p Exe	mption
	Appl penc	LOUISVILLE, KY 40202 Num		
	• Se	ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting me		Cash X Accrual
		Schedule A (Form 990 or 990-EZ) Other (specify)]	
				the organization is not
				tule B (Form 990, 990-EZ, or 990-PF)
		if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more tr	ian \$	25,000 A return is not
_		ed, but if the organization chooses to file a return, be sure to file a complete return		
			<u>► \$</u>	
P	<u>art l</u>	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions f		
	1	Contributions, gifts, grants, and similar amounts received	1	0.
=	2	Program service revenue including government fees and contracts	2	0.
<u> </u>	3	Membership dues and assessments	3	0.
7	4	Investment income	4	
€	5a			
2	b			
≓	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	<u>5c</u>	
≓	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐☐		
§	a	Gross revenue (not including \$ of contributions		
<u>w</u> ř		reported on line 1) 6a		
\$	1	Less direct expenses other than fundraising expenses 6b		
SCANNED JUI	0	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
<u></u>	7a			
<i>⊎2</i> 9	l t	•	_	
	0	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe	8	0.
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<u> </u>
	10	Grants and similar amounts paid (attach schedule)	10	0.
	11	Benefits paid to or for members	11	
beuses	12	Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance	12	0.
en	13	Professional fees and other payments to independent contractors NIAT 24, 2010 O	13 14	
Ϋ́	14	The state of the s	15	0.
	15	Printing, publications, postage, and shipping Other expenses (describe ►	16	
	16 17	omor expenses (december)	17	0.
_	18	Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	0.
sts	19	Net assets or fund balances at beginning of year (from line 27, column (A))		
SS	'"	(must agree with end-of-year figure reported on prior year's return)	19	0.
Net Assets	20	Other changes in net assets or fund balances (attach explanation)	20	
ž	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	0.
F	art			
	<u> </u>	(See the instructions for Part II) (A) Beginning of year	T	(B) End of year
2	e C	ish, savings, and investments	22	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
2:		nd and buildings	23	
2		her assets (describe ►	24	
2		otal assets 0	• 25	
2		otal liabilities (describe ►)	• 26	
2		et assets or fund balances (line 27 of column (B) must agree with line 21)		
	2171 -17-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	•	Form 990-EZ (2008)

THE REAL ESTATE LEGACY FOUNDATION OF

Form 990-EZ (2008) KENTUCKY, INC.				<u> </u>	-241/0	/Z Page
Part III Statement of Program Service			Part III)			penses
What is the organization's primary exempt purpose? SE	E STATEMENT	2				for 501(c)(3)
Describe what was achieved in carrying out the organization			escribe the services			ganizations and trusts, optional
provided, the number of persons benefited, or other releva					for others	
28 NO ACTIVITY IN CURRENT Y	EAR.					
<u> </u>				_		
(Grants \$) If this am	ount includes foreign o	grants check here		$\overline{}$	28a	
29	ount includes foreign g	grants, check here			100	 -
(O				$\overline{}$	000	
<u> </u>	ount includes foreign o	grants, check here			29a	
30						
						
				_		
· · · · · · · · · · · · · · · · · · ·	ount includes foreign o	grants, check here	<u>P</u> .	Ш	30a	·
31 Other program services (attach schedule)				$\overline{}$		
	ount includes foreign o	grants, check here	<u> </u>	ليا	31a	
32 Total program service expenses (add lines 28a throu				<u> </u>	32	0
Part IV List of Officers, Directors, Tru	istees, and Key E	mployees. List each one e	ven if not compensated			
		(b) Title and average hours	(c) Compensation	l (/ ·	ontributions	(e) Expense
(a) Name and address		per week devoted to	(If not paid, enter		employee efit plans &	account and
\- /		position	-0-)		eferred	other allowances
				com	pensation	
C. DENNIS RIGGS, 325 W. MA	AIN STREET,	PRESIDENT				
SUITE 1110, LOUISVILLE, KY	40202	0.00	0.		0.	0
DANIEL W. MCMAHAN, 325 W.	MAIN	CHAIR				
STREET, SUITE 1110, LOUISY	/ILLE, KY	0.00	0.		0.	_ 0 .
R. GERALD GREENWELL, 325 V	V. MAIN	VICE-CHAIR				
STREET, SUITE 1110, LOUISY	/ILLE, KY	0.00	0.		0.	0.
HENRY M. ALTMAN, 325 W. MA	AIN STREET,	DIRECTOR		<u> </u>		
	40202	0.00	0.		0.	O .
SUSAN V. NICHOLSON, 325 W.		TREASURER				
STREET, SUITE 1110, LOUISY		0.00	0.		0.	0
MARY M. ZINNIEL, 325 W. MA		SECRETARY				
SUITE 1110, LOUISVILLE, KY		0.00	0.		0.	0
KATHY B. STEWARD JACOBI, 3		DIRECTOR				
STREET, SUITE 1110, LOUIS		0.00	0.		0.	0
DIRECTION DOLLAR	TELLY KI		•			
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200120		<u> </u>				
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KENTUCKY, INC.

Part V Other Information (Note the statement requirements in the instructions for Part VI) Yes No X 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity Х 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 34 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not 35 reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy 35a tax requirements? N 35b b If "Yes," has it filed a tax return on Form 990-T for this year? 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N 0. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 37b Х b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made Х 38a in a prior year and still unpaid at the start of the period covered by this return? N/A 38b b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter N/A 39a a Initiation fees and capital contributions included on line 9 N/A b Gross receipts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under 0. section 4911 ► <u>0 •</u> , section 4912 ▶ _____ O • , section 4955 ► b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or X did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I 40b c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter Х 40e transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed \rightarrow KY Telephone no ► 502-585-4649 42a The books are in care of ▶ THE COMMUNITY FOUNDATION OF LOUISVI Located at ▶ 325 WEST MAIN STREET, SUITE 1110, LOUISVILLE, KY b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b Х If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Х 42c c At any time during the calendar year, did the organization maintain an office outside of the U.S.? if "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Х 44 Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be Х completed instead of Form 990-EZ

THE REAL ESTATE LEGACY FOUNDATION OF

orm 990-EZ (2008)	KENTUCKY,	INC.

26-2417672

age 4

Par	t VI Section 501(c)(3) organizations only. All section 5	01(c)(3) organizations mus	st answer question	ns 46-49 and cor	nplete the	
	tables for lines 50 and 51.				V	I NI a
	Did the organization engage in direct or indirect political campaign activities or	behalf of or in opposition to (candidates for public	·	Yes	No X
	office? If "Yes," complete Schedule C, Part I Did the organization engage in lobbying activities? If "Yes," complete Sche	dule C. Part II		F	47	X
	is the organization operating a school as described in section 170(b)(1)(A)(ii)		ule E	İ	48	X
	Did the organization make any transfers to an exempt non-charitable related o		J. J	Ī	49a	X
	If "Yes," was the related organization(s) a section 527 organization?	9			49b	
	Complete this table for the five highest compensated employees (other than o	ficers, directors, trustees and	key employees) who	each received mo	re than \$1	000,000
	of compensation from the organization. If there is none, enter "None"					
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Exp accoun other allo	t and
		_				
		-				
		-				
	number of other employees paid over \$100,000		=		-	
	Complete this table for the five highest compensated independent contractors is none, enter "None" NONE					_
	(a) Name and address of each independent contractor paid more t	han \$100,000	(b) Type of se	rvice (c) Compens	ation
			-			
					•	
Total	number of other independent contractors each receiving over \$100,000	•				
Sign Here		ompanying schedules and stateme formation of which preparer has an	nts, and to the best of my knowledge	ny knowledge and be Nowledge and be Date	ief, it is true,	
	SUSAN V. NICHOLSON, TREASURED Type or print name and little	₹				
Paid Prepa		1 " -/ /	eck if self-	parer's Identifying Ni	ımber (See ın	str)
Use C	Only Hom's olone (or vous MOUNTJOY CHILTON MEDLE)	LLP	EIN			
	if self-employed). 462 S. FOURTH ST, 2000			ne 🟲		
	address, and ZIP+4 LOUISVILLE, KY 40202-34	145	no		749-1	
May t	the IRS discuss this return with the preparer shown above? See instructions				Yes orm 990-E	<u>No</u> No
				Г	J. 111 220.E	- (EUUU)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

THE REAL ESTATE LEGACY FOUNDATION OF KENTUCKY, INC.

Employer identification number 26-2417672

Pa	rt I	Reason 1	for Public Chari	ty Status (All organiza	ations mus	t complet	e this part) (see inst	ructions)			
The o	organı	zation is not a	private foundation b	ecause it is: (Please che	eck only o	ne organiz	ation)					
1		A church, cor	nvention of churches	, or association of churc	hes descr	ibed in se e	ction 170(ь)(1)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)										
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state.										
5		An organizati	on operated for the b	penefit of a college or un	iversity ov	vned or op	erated by	a governn	nental unit	describe	ed in	
		section 170	(b)(1)(A)(iv). (Comple	te Part II.)								
6		A federal, sta	te, or local governme	ent or governmental unit	described	l ın sectio i	n 170(b)(1)(A)(v).				
7		An organizati	on that normally rece	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general p	oublic describ	ed in
		section 170(b)(1)(A)(vi). (Complet	e Part II)								
8		A community	trust described in se	ection 170(b)(1)(A)(vi). (Complete	Part II)						
9		An organizati	on that normally rece	eives: (1) more than 33 1	/3% of its	support fr	om contrib	outions, m	embership	o fees, an	d gross recei	pts from
		activities rela	ted to its exempt fun	ctions · subject to certain	ın exceptio	ons, and (2	2) no more	than 33 1.	/3% of its	support 1	from gross inv	estment/
		income and u	inrelated business ta	xable income (less sect	ion 511 ta	x) from bus	sinesses a	cquired by	y the orga	nization a	fter June 30,	1975.
		See section	509(a)(2). (Complete	the Part III.)								
10		An organizati	on organized and op	erated exclusively to tes	st for publi	c safety S	See sectio	n 509(a)(4). (see inst	tructions)	ı	
11	X	An organizati	on organized and op	erated exclusively for th	e benefit d	of, to perfo	rm the fun	ictions of,	or to carry	out the	purposes of c	ne or
		more publicly	supported organiza	tions described in section	on 5 <mark>0</mark> 9(a)(1) or section	on 509(a)(2) See sec	tion 509(a	a)(3). Che	ck the box th	at
		describes the	e type of supporting	organization and comple	et <u>e lin</u> es 1º	le through	11h					
		a X Type I	l b	Type II c	:	e III - Func	tionally int	egrated		d	Type III - Oth	ner
е		By checking	this box, I certify that	t the organization is not	controlled	directly or	r ındırectly	by one or	more disc	qualified p	persons other	than
		foundation m	nanagers and other th	nan one or more publicly	supporte	d organıza	ations desc	ribed in s	ection 509	(a)(1) or s	section 509(a)	(2).
f		If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	: III			
		supporting of	rganization, check th	is box								X
g		-		rganization accepted an			-				_	
		(i) A perso	n who directly or ind	rectly controls, either al	one or tog	ether with	persons d	escribed i	n (11) and (1	ıi) below,		es No
		the gove	erning body of the su	ipported organization?							11g(i)	X
		(ii) A famıly	member of a persor	described in (i) above?							11g(ii)	X
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above) ?					11g(iii)	Х
h		Provide the f	ollowing information	about the organizations	the organ	ızatıon sup	oports.					
				/// T			I		· · · · · ·	7		
(i)	Name	of supported	(iı) EIN		(iv) is the o in col (i) his		(v) Did you organizati		(vi) Is organizatio	the n in col	(vii) Amol	
orga		anization		(described on lines 1-9		document?	(i) of your		(i) organiz U S	ed in the	suppo	rt
				above or IRC section	Yes	No	Yes	No	Yes	No		
	N/N/T	NIT MIZ		(see instructions))	163	-	163	- 140	-	110		
		NITY	21 0007017	501/C)/2)	l v		v		v			0.
<u>r'O</u>	ממט	ATION O	31-0997017	201(C)(3)	X	ļ	Х		X			
					1		į.	l	l	1		

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

Schedule A (Form 990 or 990-EZ) 2008

Total

Complete only if you checked the box on line 5, 7 of 8 of Part		edule A (Form 990 or 990-EZ) 2008						Page 2		
Section A: Public Support Calendar year (or iscalar beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any virusual grants 1) 2 Tax revenues lever for the organization'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's benefit and either paid to or expended on its behalf 4 Total. Add lines 1 - 3 The row of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 256 of the amount shown on line 11. Calendar year (or facel year beginning in) (a) 2004 (b) 2005 (e) 2006 (d) 2007 (e) 2008 (f) Total Received that exceeds 256 of the amount shown on line 11. Calendar year (or facel year beginning in) (a) 2004 (b) 2005 (e) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or facel year beginning in) (a) 2004 (b) 2005 (e) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or facel year beginning in) (a) 2004 (b) 2005 (e) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or facel year beginning in) (a) 2004 (b) 2005 (e) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or facel year beginning in) (a) 2004 (b) 2005 (e) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or facel year beginning in) (a) 2004 (b) 2005 (e) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or facel year beginning in) (a) 2004 (b) 2005 (e) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or facel year beginning in) (a) 2004 (b) 2005 (e) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or facel year beginning in) (a) 2004 (b) 2005 (e) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or facel year beginning in) (a) 2004 (b) 2005 (e) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or facel year beginning in) (a) 2004 (b) 2005 (e) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or facel year beginning in) (a) 2004 (b) 2005 (e) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or face	Pa	Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)								
Calendary year (or fiscal year tengening (a) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total membership fees received ((Do not include any "unusual grants")		<u> </u>	d the box on line 5	, 7, or 8 of Part I)						
1 Gifts, grants, contributions, and membership fees received ((b) not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf of the organization's benefit and either paid to or expended on its behalf of the organization's benefit and either paid to or expended on its behalf of the organization without change the provision of fotal contributions by each person (offer than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, occurring the provision of the							-			
membership fees received (f\) not include any "unusual grants") 2 Tax revenues levied for the organization'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 - 3 5 The portion of total contributions by each person (other than a governmental unit to the organization without charge 4 Total, Add lines 1 - 3 5 The portion of fotal 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, Seasoscitized Stemine 4 Section B. Total Support 7 Amounts from line 4 8 Gross income from Imperiated business and income from invested pusiness, citivities, whether or not the business and income from similar sources 9 Net income from unestated business activities, whether or not the business activities, whether or not the business is regularly carried on 10 Other income. Do not include gian or loss from the sale of capital assest (Explain in Part IV) 11 Total support. Add lines 7 through 10 2 Gross receipts from related activities, etc. (see instructions) 3 First five years. If the Form 990 is for the organization's first, second, third, fourth, or firth tax year as a section 501(c)(3) organization, check this box and stop here 5 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 Julies apport percentage from 2007 Schedules A, Part IV-A, line 28f 15 Public support percentage from 2007 Schedules A, Part IV-A, line 28f 16 a 33 1/3% support test - 2008. If the organization did not check k box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 1 b 10% -facts-and-circumstances test - 2008. If the organization did not check his box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box an			(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
include any "unusual grants"	1	· •								
2 Tax revenues leved for the organization's benefit and either paid to or expanded 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 · 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 28 of the amount shown on line 11, column (i) 6 Public Support, Surjectives in the final to the column of the co										
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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20	Private foundation. If the organization	on did not check a	a box on line 14, 19	9a, or 19b, check	this box and see in	structions	▶□

FOI	RM 990-EZ , INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT 1				
A)	DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	[] YES	[X]	NO	
В)	DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	• [] YES	[X]	NO	

990-EZ PG 2 , STATEMENT 2

TO RECEIVE GIFTS OF REAL OR PERSONAL PROPERTY FOR CHARITABLE PURPOSES.