

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990**

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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545 0047 2014

Open to Public Inspection

Α	For the 2	2014 calen	dar year, or tax	year begin	ning 7/0)1	, 2014,	and ending	6/	30		, 2015		
В	Check if ap	plicable	C						-	D Employ	er ident	ification nu	mber	
	Addres	ss change	UNIVERSITY	Y OF KE	NTUCKY F	REAL ESTAT	re.			90-0	0351	265		
	\vdash	change	FOUNDATION			20111				E Telepho				
	\mathbf{H}	-	100 Sturg		elopment	Building	ĭ						_	
	Initial		Lexington				,			(85)	9) 25	7-7886	 -	
	Final ret	turn/terminated		,										
	Amend	ded return								G Gross re	eceipts	\$	234,4	
	Applica	ation pending	F Name and addr	ess of principal	officer FO	rd Stanle	У	н	(a) Is this	a group retur	n for sul	bordinates?	Yes	X No
	_		Same As C	Above				н	(b) Are all	subordinates attach a list	include	d? [Yes	No
$\overline{\Gamma}$	Tax-exen	npt status	X 501(c)(3)	501(c) () √ (ıı	nsert no)	1947(a)(1) or	527	11 190,	attach a list	(see ins	structions)	_	
J	Websit	<u>.</u>		(-/ ((a) Group	exemption nu	ımbar Þ	_		
		***/	T-1 '1	T TT	[A		1					<u>.</u>		
K		organization	X Corporation	Trust	Association	Other ►	IL Y	ear of formation	200	8 IMIS	tate of	egal domicil	le KY	
Pa		<u>Summar</u>												
		-	be the organization			-	_= ==	<u>e organ</u>						
ģ			<u>is_to_cond</u>										<u>f</u>	·. -
Ĕ			<u> propertie</u>											
Governance			<u>es; then s</u>										ds_to	_
Š	2 Ch	eck this bo	ox ► 📙 if the ∈	organızatıoı	n discontinu	ed its operatio	ns or dispo	osed of more	e than 2	5% of its	net as	sets.		
Ğ			oting members o								3			5
ο O			dependent votin								4			5 3
Ę.			of individuals e			ear 2014 (Part	V, line 2a)	•			5			0
Activities &			of volunteers (6			0
Ą	7a Tot	tal unrelate	ed business reve	enue from F	Part VIII, col	umn (C), line	12				7a			0.
	b Ne	t unrelated	d business taxab	ole income	from Form 9	90-T, line 34					7b			0.
									Р	rior Year		Cun	rent Yea	ar
	8 Co	ntributions	and grants (Pa	rt VIII, line	1h)								109,	360.
Revenue	9 Pro	ogram serv	rice revenue (Pa	art VIII, line	2g)									091.
Ş.	10 Inv	estment in	ncome (Part VIII	, column (A	A), lines 3, 4	, and 7d)							-15,	
æ	11 Oth	her revenu	e (Part VIII, colu	umn (A), lir	es 5, 6d, 8d	, 9c, 10c, and	11e)		- ا		-	(
			e – add lines 8					ne 12) 🚟	-		_	\(\begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	110,	251
			ımılar amounts					,	FFB	<u>9, 2 20</u>	ا د ا	Ţ,		
			to or for memb					<i>y</i> :	FLU	<u> </u>	35 St. 18 St.)		
			er compensation				(A) linos	5 10)			17			
S			•		-		(A), illies	3-10)	OGI	JEIM.	<u> </u>			
ŝ	16a Pro	ofessional	fundraising fees	(Part IX, c	column (A), I	ine 11e)				-300				
Expenses	b Tot	tal fundrais	sing expenses (F	Part IX, col	umn (D), lın	e 25) 🟲			İ					ļ
ũ	17 Oth	her expens	ses (Part IX, coli	umn (A), lır	nes 11a-11d	11f-24e)					90.		4	031.
			es Add lines 13				line 25)			•	90.			031.
			expenses Sub		•		,				90.		106,	
8	,,,								Poguanus	ng of Curren		End	of Yea	
Assets or	20 Tot	tal assets ((Part X, line 16)						Degiiiiii		57.		106,	
A B			es (Part X, line 2						ļ				100,	
25			•	•							0.			0.
			fund balances	Subtract III	ne 21 from 1	ine 20			l	3	57.		106,	<u>577.</u>
_		Signatur												
Unde	r penalties	of perjury, I de	eclare that I have exa arer (other than office	mined this return is based on a	rm, including acc	companying schedu	les and staten	nents, and to the	e best of m	ny knowledge	and bel	ief, it is true	, correct, a	and
	JICIC DCCIO	Т.	Ter (oner train once	7,300,000		- William Preparer Ha	3 arry Miowicu			- 1		,,,		
		<u></u>	100	100						2/1	<u> </u>	<u> </u>		
Siç	ın	Signatu	re or omcer						Da	ite				
He	re	For	d Stanley						Dir 8	<u>Treas</u>	sure	r		
		Type or	print name and title											
		Print/Type p	oreparer's name		Preparer's sign	nature		Date		Check	ıf	PTIN		
Pa	id		سينتن ويوي							self employe	- ed		ليوي	انتها
	parer	Firm's name	. >									,		
	e Only	Firm's addre								Firm's EIN	-			
	y	i iiii s addie								 				
14-	the IDC	diactor = 11	no column a sulla su		ahay - I	-2 /	alvas =\			Phone no		[] [-	
ıvıay	∕ t⊓e iKS	aiscuss th	ns return with th	ie preparer	snown abov	'e'' (see instru	cuons)					Ye	s I	No

Form 990 (2014)

TEEA0113L 05/28/14

Form	990 (2014) UNIVERSI				90-0	<u>351265</u>	Page 2
Par	Statement of Pr	ogram Service	Accomplishments				
	Check if Schedule (O contains a respoi	nse or note to any line in	this Part III			X
1	Briefly describe the organiz	zation's mission					
	See Schedule O						
		--					
2	Did the organization undertail	ke any significant pr	ogram services during the	year which were not lis	sted on the prior		
	Form 990 or 990-EZ?					Yes	X No
	If 'Yes,' describe these nev	w services on Sche	dule O				_
3	Did the organization cease	conducting, or ma	ke significant changes in	n how it conducts, an	y program services?	☐ Yes	X No
	If 'Yes,' describe these cha	anges on Schedule	0				
4	Describe the organization's Section 501(c)(3) and 501	s program service :	accomplishments for eac	h of its three largest	program services, as i	measured by	expenses
	and revenue, if any, for ea	ich program service	e reported	le amount or grants	and anocations to othe	is, the total c	.хрензез,
4 a	(Code) (Expe	enses \$	4,031. including gra	nts of \$) (Revenue	\$ 11	.0,251.)
	See Schedule 0						
				-			
					-		
						·	
							
4 5	(Code) (Expe	enses \$	including gra	nts of \$) (Revenue	\$	<u> </u>
		·		· -		· 	
			-				
						·	
40	: (Code) (Expe	enses \$	ıncludıng gra	nts of \$) (Revenue	\$)
							
							
							
							
		- 					
						· 	
	1011	D					
4 (d Other program services. (I (Expenses \$		le O) uding grants of \$)	(Revenue \$)
4	e Total program service exp		4,031.				
BAA			TEEA0102L 0	5/28/14		For	n 990 (2014)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A. X X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I X 3 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 Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Χ Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 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 Х 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V Х 10 11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI Х 11 a 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 Х 11 b c 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 Х 110 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 Part X, line 16? If 'Yes,' complete Schedule D, Part IX Х 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х Schedule D. Parts XI. and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional X 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 Х 14b 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 Х 15 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 Х 16 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 (see instructions) 17 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Х complete Schedule G, Part III 19 X 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

20 b

Form 990 (2014) UNIVERSITY OF KENTUCKY REAL ESTATE Partiv Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
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		Х
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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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	-	Х
_ <u>b</u>	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	25b		_x_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 'Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c	X	X
29	officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV		X	X
29 30	officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 'Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	X	
29 30 31	officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 'Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	X	X
29 30 31 32	officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 'Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete	30 31	X	X
29 30 31 32 33	officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 'Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections	30 31 32	X	X X X X
29 30 31 32 33	officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 'Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-3 and 301 7701-3? If 'Yes,' complete Schedule R, Part II Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV,	30 31 32 33	X	X X X
29 30 31 32 33 34 35 a	officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 'Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 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 II Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	30 31 32 33	X	X X X X
29 30 31 32 33 34 35 a	officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 'Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 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. Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	30 31 32 33 34 35a	X	X X X
29 30 31 32 33 34 35 a b	officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 'Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? Dif 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	30 31 32 33 34 35a 35b	X	X X X X
29 30 31 32 33 34 35 a b	officer, director, trustee, or direct or indirect owner? If 'Yes,' complète Schedule L, Part IV 'Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 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. Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, Iine 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? Dif 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, Iine 2 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, Iine 2 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 O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	30 31 32 33 34 35a 35b 36 37	X 990 (x x x x x x x x x x x x x x x x x x x

Par	Check if Schedule O contains a response or note to any line in this Part V			
	Sheek if deflecting a response of field to any line in this fact t		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	\Box	1.03	
	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		1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a 0			
t	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u>'</u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
t	olf 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a	At any time during the calendar 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)?	4 a		х
Ŀ	of Yes,' enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
C	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	—5 c		
6 a	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?	6 a		Х
t	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
b	of Yes, did the organization notify the donor of the value of the goods or services provided?	7 b	_	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c	_	_X
	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
H	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
t	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			.
11				
a	Gross income from members or shareholders			.
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	of Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		į	
t	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.			
,	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year? .	14a		X
	of 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
BAA			990 (2014)

Form	990 (2014) UNIVERSITY OF KENTUCKY REAL ESTATE 90-0351265		Р	age 6
Par	tVI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan	low,	and	for
	Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	ges i	• •	X
Saci	tion A. Governing Body and Management			
360	MOTAL GOVERNING BODY and Management		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 5	\Box	163	 100
	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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>x</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			<u> </u>
'5	members of the governing body?	7 a		X
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7ь		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	X	
•	Each committee with authority to act on behalf of the governing body?	8 b	X	\vdash
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			<u> </u>
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		_X_
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
þ	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 ь		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O			
. — .	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done See Schedule Q	12 c	х	
13	Did the organization have a written whistleblower policy?	13		X
-	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15.0		X
-	Other officers or key employees of the organization	15a 15b		$\frac{\hat{x}}{x}$
v	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)	130		 ^ -
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed KY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply.	only)	availa	able
	Own website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available public during the tax year See Schedule O	ble to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Ford Stanley 100 Sturgill Development Building Lexington KY 40506-0015 (85	9) 25	<u>7-</u> 78	886
BAA	TEEA0106L 11/13/14			(2014)

Form 990 (2014)	IINTVERSTTY	OF	KENTHCKY	REAL.	ESTATE

90-0351265

2age **7**

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

- 1 a 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.
- 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons

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

<u> </u>	T			(C))					
(A) Name and Title	- (B) - Average hours per	"	dire	(do n box, an c	ot ch unles officer trust		1	-(D) Reportable compensation from	Reportable compensation from	(F) Estimated amount of other compensation
	week (list any hours for related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Stephen P. Branscum Director	$-\frac{0.1}{0}$	Х		х				0.	0.	0.
(2) Timothy L. Haymaker Director	0.1	Х		X				0.	0.	0.
(3) L. Dan Key Director	0.1	X	П	X				0.	0.	0.
(4) D. Michael Richey > President & Dir	- 1 -	X		Х				0.	0.	0.
(5) Ford Stanley Dir & Treasurer		Х		Х				0.	0.	0.
(6) Thomas Barker Secretary	2			х				0.	0.	0.
(8)										
(10)								-		
(11)										
(12)										
(13)										
(14)										
PAA	<u> </u>	Ь	ш							

BAA

TEEA0107L 02/27/14

Form 990 (2014)

Part VII Section A. Officers, Directors, Tru	(B)	ne <u>y</u> ∐	En		oye C)	es,	and	Highest Con	pensated Emp	loyees	(contu	nued)
(A) Name and title	Average hours per week (list any	offi	, unle cer ai	Por check ess po	sition more erson direct	than is bot or/trus	h an tee)	(D) Reportable compensation from the organization (W 2/1099 MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	amou	(F) stimated int of oth pensation	her
	hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	mer		, ,	org an	anization d related anization	i
<u>(15)</u>												
<u>(16)</u>												
(17)										,	-	
<u>(18)</u>												
(19)											<u>-</u>	
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total	•						>	0.	0.			0.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)	on A						►	0.	<u> </u>			0. 0.
2 Total number of individuals (including but not limited from the organization ▶ 0	I to those I	ısted	abo	ve) v	who	recei	ved			ensation	ı	
nom the organization											Yes	No
3 Did the organization list any former officer, direction line 1a ⁹ If 'Yes,' complete Schedule J for such	tor, or tru th individu	istee, i <i>al</i>	key	y en	nplo	yee,	or h	nighest compensa	ted employee	3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater	f reportab er than \$1	le co 50,0	тре 00?	ensa If "Y	ation Yes'	and com	oth <i>plet</i>	er compensation e Schedule J for	from			
 such individual Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes 	e comper	isatio	n fr	om	any	unre	elate	ed organization or	ındıvıdual	5		X
Section B. Independent Contractors									4100.000 (لىــــــــــــــــــــــــــــــــــــ	
Complete this table for your five highest compen compensation from the organization. Report compensation.	sated ind sation for	the c	den alen	t co dar	ntra year	endi	ng v	with or within the or	ganization's tax year	·		
(A) Name and business address (B) Description of services Compensation												
NONE ,												
	· · · · · · · · · · · · · · · · · · ·								-	<u> </u>		
2 Total number of independent contractors (including l	out not lim	ıted t	o the	ose	liste	d abo	ve)	Mho received more	than			
\$100,000 of compensation from the organization											000	
BAA		TEEA)108L	. 03/	09/15					Form	990 (2014)

Form 990 (2014)

		Check if Schedule O	contains a res	ponse or note to an	y line in this Part VII	l		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	t c	n Federated campaigns n Membership dues n Fundraising events n Related organizations n Government grants (contributions	1 a 1 b 1 c 1 d ons) 1 e					
ntributio d Other §	l	All other contributions, gifts, g similar amounts not included Noncash contributions included		1 203/000.				
	١	Total. Add lines 1a-1f		•	109,360.			
evenue	2 a	Rental		Business Code 531310	16,091.	16,091.		
ervice		` -	-	_		-		
Program Service Revenue		All other program service	ce revenue					
<u>~</u>	ç	Total. Add lines 2a-2f		<u> </u>	16,091.			
	3 4 5	Investment income (incother similar amounts). Income from investment Royalties	-	•				
		Gross rents	(ı) Real	(II) Personal				
	c	Less rental expenses Rental income or (loss)						
	d	Net rental income or (lo		•				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other 109,000.				
		Less cost or other basis and sales expenses: Gain or (loss)		124,200.				
	l	! Net gain or (loss)		<u>-15,200.</u> ►	-15,200.	-15,200.		
Revenue		Gross income from fund (not including \$ of contributions reporte See Part IV, line 18		-	-13,200.	-13,200.		
erF	Ŀ	Less direct expenses		a b				
Other	٥	: Net income or (loss) fro	m fundraising	events.		-		
		Gross income from gan See Part IV, line 19	ning activities	а				
		Less direct expenses Net income or (loss) fro	om gaming act	b[ivities ►				
		Gross sales of inventor		a				
		Less. cost of goods solo Net income or (loss) fro Miscellaneous Reven	m sales of inv	entory Business Code				
	11 a	1						
		All other revenue						
	l	Total revenue Secure		•	110 051			
BAA	_	Total revenue. See inst	ructions	TFFA	110,251.	891.	0	. O . Form 990 (2014

TEEA0109L 11/13/14

	t IX Statement of Functional Expen				
Seci	ion 501(c)(3) and 501(c)(4) organizations must cor	mplete all columns All ot	her organizations must co	omplete column (A)	
	Check if Schedule O contains a				
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22		,,,		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	, 0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under, section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	. 0.	0.	. 0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	-			
	Fees for services (non-employees)		=.		 -
	Management				
	Legal				
	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
_	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion				
	· .				
13	Office expenses	,			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance			·	
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).				
а	HOA fees	2,276.	2,276.		-
	Property Tax	1,372.	1,372.		
c	Title Search	360.	360.		
	bank charge	23.	23.	***	-
	All other expenses		- 25.		
	Total functional expenses. Add lines 1 through 24e	4,031.	4,031.	0.	0.
	•	4,031.	-7,031.	<u> </u>	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

357

357

34

106,577.

106,577.

Form 990 (2014)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year Cash - non-interest-bearing 357 106,577. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 **10 a** Land, buildings, and equipment cost or other basis –Complete Part VI of Schedule D 10a **b** Less accumulated depreciation 10b 10 c 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 357. 16 106,577 17 Accounts payable and accrued expenses 17 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 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 0 26 0. Organizations that follow SFAS 117 (ASC 958), check here > X and complete Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 357 27 106,577. 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Fund Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. 늄 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Set 33 Total net assets or fund balances 33

Total liabilities and net assets/fund balances

34

BAA

		-0351	<u> 265</u>		Page 12
Pai	t 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		110	,251.
2	Total expenses (must equal Part IX, column (A), line 25)	2		4	,031.
3	Revenue less expenses Subtract line 2 from line 1	3			,220.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			357.
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 in Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		106	,577.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		,		Ye	s 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 O	-			
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	wed on a			
Ŀ	Were the organization's financial statements audited by an independent accountant?			2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepassis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	arate			
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the autreview, or compilation of its financial statements and selection of an independent accountant?	lit,		2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 a	nAs a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	1		3 a	Х
	o If 'Yes',' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits	udit		3 b	
BAA			F	orm 99	0 (2014)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name o	e of the organization UNIVERSITY OF KENTUCKY REAL ESTATE										
		FOUNDATION	, INC.				90-035126	5			
Parl	ī	Reason for Public Cha	rity Status (All or	ganizations must o	comple	te this	part.) See instruct	tions.			
The o	rga	inization is not a private found						-			
1	Г	A church, convention of church	es, or association of cl	nurches described in sec t	tion 170(b)(1)(A)(i).				
2	Г	A school described in section	n 170(b)(1)(A)(ii). (Att	ach Schedule E)							
3	Г	A hospital or a cooperative h	nospital service organi	zation described in sec	ction 17)(b)(1)(A	λχiii).				
4	Н	A medical research organiza				• • • • • •	• • •	nter the hospital's			
	ш	name, city, and state	,,					· · · · · · · · · · · · · · · · · · ·			
5		An organization operated for the 170(b)(1)(A)(iv). (Complete F		or university owned or op-	erated by	a gover	nmental unit described in	section			
6		A federal, state, or local government	•	ntal unit described in s	ection 1	70(b)(1)	(A)(v).				
7	X	An organization that normally rin section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II)	art of its support from a	governm	ental uni	t or from the general put	olic described			
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)										
9		An organization that normally r from activities related to its exe investment income and unrel June 30, 1975 See section 5	empt functions — subjet lated business taxable	ct to certain exceptions, a e income (less section	and (2) r	o more t	han 33-1/3% of its support	ort from gross			
10		An organization organized ar	nd operated exclusive	ly to test for public safe	ety See	section	509(a)(4).				
11		An organization organized at or more publicly supported o lines 11a through 11d that de	rganizations describe	d in section 509(a)(1) o	or section	n 509(a)	(2). See section 509(a)	ut the purposes of one (X3). Check the box in			
а		Type I. A supporting organization organization (s) the power to re complete Part IV, Sections A	gularly appoint or elect	d, or controlled by its sup a majority of the director	ported or rs or trus	rganızatı stees of t	on(s), typically by giving he supporting organization	the supported on. You must			
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), by the supported organization	having control or on(s). You			
c		Type III functionally integrated organization(s) (see instruction)	. A supporting organizat ons) You must comp	ion operated in connection of the Part IV, Sections	n with, a A, D, an	nd functio d E.	onally integrated with, its	supported			
d		Type III non-functionally integrated The constructions) You must com	organization generally	must satisfy a distribu	nnection tion req	with its s uiremen	supported organization(s) t ³ and an attentiveness	that is not requirement (see			
е		Check this box if the organiz integrated, or Type III non-fu				that is a	Type I, Type II, Type I	Il functionally			
f	Er	nter the number of supported of	organizations								
g	Pr	ovide the following information	n about the supported	d organization(s)							
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza in your o	s the tion listed loverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				·-·-	Yes	No					
(A)											
<u></u>	_										
(B)											
(C)											
(D)											
(E)											

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.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')					109,360.	109,360.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	9,767.	12,593.	16,395.	16,844.	18,074.	73,673.
4 5	Total. Add lines 1 through 3 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)	9,767.	12,593.	16,395.	16,844.	127,434.	183,033. 105,018.
6	Public support. Subtract line 5 from line 4						78,015.
Sec	tion B. Total Support	•					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	9,767.	12,593.	16,395.	16,844.	127,434.	183,033.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					16,091.	16,091.
9	Net income from unrelated business activities, whether or not the business is regularly carried on					3	0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI).						0.
11	Total support. Add lines 7 through 10						199,124.
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	0.
	First five years. If the Form 990 is organization, check this box and	stop here		rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	▶ 🗌
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20			e 11, column (f))		14	
	Public support percentage from	•	•			15	0.00%
16 a	33-1/3% support test – 2014. If and stop here. The organization	the organization of qualifies as a pub	did not check the to blicly supported or	oox on line 13, ar ganization	nd the line 14 is 3	33-1/3% or more,	check this box
t	33-1/3% support test — 2013. If the and stop here. The organization	the organization d qualifies as a pul	id not check a box olicly supported or	on line 13 or 16 ganization	a, and line 15 is	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ınd-cırcumstances	test, check this	box and stop her	re. Explain in Par	t VI how
t	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	est – 2013. If the omeets the 'facts-ad-circumstances' is	organization did no ind-circumstances lest. The organiza	ot check a box on test, check this tion qualifies as a	line 13, 16a, 16i box and stop he i publicly support	b, or 17a, and line re. Explain in Par led organization	e 15 is 10% t VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check th	is box and see in	structions -

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

(Complete only if you checked the box on line 9 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.)

	Section A. Public Support							
Calend 1	tar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees received (Do not include	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	·	(f) Total
2	any 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513.							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or							
5	dacilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	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							
С	Add lines 7a and 7b.							
	Public support (Subtract line 7c from line 6)							
	tion B. Total Support				T	1 (1001)		40.77
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	+	(f) Total
-	Amounts from line 6	<u>`</u> .					:	
b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 assets (Explain in Part VI)							
	Total support. (Add lines 9, 10c, 11 and 12)						11(-)(2)	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year as	a section 50)1(c)(3)	▶ []
	tion C. Computation of Pu Public support percentage for 20			ne 13 column (f)	<u> </u>		15	9
	Public support percentage from	•		ie 13, column (i)	,	-	16	
							10	- 0
	tion D. Computation of Inv Investment income percentage f				umn (fl)		17	<u> </u>
17	Investment income percentage if	•	• • •	•	umi (1 <i>))</i>	}	18	
18	investment income percentage in 33-1/3% support tests – 2014. If				and line 15 is mai	 1 than 33		
	is not more than 33-1/3%, check	this box and sto	p here. The organ	nization qualifies	as a publicly supp	oorted organi	zation	▶ ∐
	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%	6, check this box	and stop here. Th	ne organization q	ualifies as a publi	cly supported	lorganı	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sec	tion A. All Supporting Organizations		V	T
		г	Yes	NO
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.	1	-	
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)	Yes No No supported organizations listed by name in the organization's governing documents? how the supported organizations are designated. If designated by class or purpose, describe is and continuing relationship, explain. 1		
3 8	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
ı	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	3b		
•	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	Зс		
4 8	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
ı	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	4b		
•	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	4c		
5 i	a 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)	.5a		
ı	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?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
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)	8		_
9	a 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	9a		
١	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
•	c Did a disqualified person (as defined in line 9(a)) 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	9с		
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a		
	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)	10b		

supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovembe Section	r 20, 1970. See instructi ons A through E	ons. All
Sec	tion 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		•
Sec	tion 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		
L	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		
e	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		
Sec	tion C — Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		<u></u>
_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	<u></u>	
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-functionally-inte (see instructions)	grated		
BAA			Schedule A (For	rm 990 or 990-EZ) 2014

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su			51205 Tage 1
	tion D - Distributions	<u> </u>	(1000)	Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		-
2	Amounts paid to perform activity that directly furthers exempt purposes on excess of income from activity	of supported organization	ns,	
3	Administrative expenses paid to accomplish exempt purposes of su	ipported organizations		
4	Amounts paid to acquire exempt-use assets	··· -		
5	Qualified set-aside amounts (prior IRS approval required)			
6				
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	on is responsive (provide	e details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	•		
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
_1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
b				
c				
d				
	From 2013			
	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7:			
a	Applied to underdistributions of prior years			
-	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

BAA

Schedule A (Form 990 or 990-EZ) 2014

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

BAA

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545 0047 2014

Open To Public Inspection

Department of the Treasury Internal Revenue Service ► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization UNIVERSITY OF KENTUCKY REAL ESTATE FOUNDATION, INC.

Employer identification number 90-0351265

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	(d hod of d n contrib	determin	iing mounts
1	Art — Works of art							
2	Art – Historical treasures				 			
3	Art – Fractional interests				<u> </u>			
. 4	Books and publications ,							
5	Clothing and household goods			<u>'</u>				_
6	Cars and other vehicles							
7	Boats and planes				<u> </u>			
8	Intellectual property							
	Securities – Publicly traded				-			
10	Securities – Closely held stock							
11	Securities – Partnership, LLC, or trust interests				 			
	Securities – Miscellaneous			+	 			
13	Qualified conservation contribution —							
	Historic structures				_			
	Qualified conservation contribution — Other				_			
15	Real estate - Residential	.						
16	Real estate – Commercial	Х	1	109,000.	FMV/S	ALE (<u> JF PR</u>	
17	Real estate - Other				_			
18	Collectibles				<u> </u>			
19	Food inventory							
20	Drugs and medical supplies				ļ			
21	Taxidermy							
22	Historical artifacts				ļ <u> </u>			
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()			_				
28	Other► ()				<u> </u>			
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done			or which the	29			1
						-	Yes	No
30a	During the year, did the organization receive by contr hold for at least three years from the date of the initial purposes for the entire holding period?					30 a		X
ŀ	If 'Yes,' describe the arrangement in Part II							
	Does the organization have a gift acceptance pol	icy that requi	res the review of any	non-standard contribution	ons?	31	$\bar{\mathbf{x}}$	
	Does the organization hire or use third parties or noncash contributions?	•	·			32 a	Х	
	If 'Yes,' describe in Part II		See Part I	т				
	If the organization did not report an amount in colum	n (c) for a typ						

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Part I, Line 32 - Hire and Use of Third Parties

The Foundation used 3rd party attorney for closing and title work; realtor.

SCHEDULE O (Form 990 or 990-EZ)

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

Name of the organization UNIVERSITY OF KENTUCKY REAL ESTATE FOUNDATION, INC.

Employer identification number 90-0351265

Form 990, Part III, Line 1 - Organization Mission

The organization's primary exempt purpose is to conduct fund raising throughout the United States for gifts of illiquid properties, including real properties, tangible and intangible properties; then sell the illiquid properties and distribute the net proceeds to Section 501(c)(3) organizations that are charitable, including the University of Kentucky, Lexington, Kentucky and other charitable organizations associated with the University of Kentucky.

Form 990, Part III, Line 4a - Program Service Accomplishments

The largest program service has been fundraising with potential donors that involve gifts of real property. The organization received its first gift of real property during the 2014 fiscal year. The organization has established procedures to manage and administer real property gifts until a real property can be sold. The organization also has several other donors that may have real properties that may be gifted to the organization in the near future.

The University of Kentucky benefitted from the first gift of real property. The real property was sold by the organization in fiscal year 2015 and the net proceeds from the sale were gifted to the University of Kentucky. The University of Kentucky, along with students and faculty, benefitted from the real property gifted to the organization.

The organization is still in the early stages of working with potential donors and the University of Kentucky's Office of Philanthropy to educate potential donors of the organization's existence and the organization's procedures to receive unusual types of non-liquid gifts.

Name of the organization UNIVERSITY	OF KENTUCKY REAL	ESTATE	Employer identification number
FOUNDATION	, INC.		90-0351265

Form 990, Part VI, Line 11b - Form 990 Review Process

University of Kentucky finance personnel prepare and review the form 990. Form 990 was provided to Board Members prior to filing. Third party legal counsel for organization and the officers reviewed form 990 prior to filing.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

In conducting or participating in any transaction, full disclosure of any real or perceived conflict with personal interests and removal from further participation in such matters is required by all directors and officers of the organization.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing documents, policies and financial statements are open to the public upon request at the organization's physical address.