| Infetture of congranation Congramment of the second secon | | | | Shor <u>t</u> Form | | | | | OMB No. 1545-1150 |
|--|------|--------------|-----------------|--|--|--------------|----------|----------|------------------------------|
| A For the 2011 calendary year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012 Charace comparisation Charace comparisation THE REAL ESTATE LEGACY FOUNDATION OF 26-2417672 Interaction THE REAL ESTATE LEGACY FOUNDATION OF 26-2417672 Interaction 325 W. MAIN STREET 1110 502-585-4649 Amendations 325 W. MAIN STREET 1110 F002-585-4649 Commune Method: LOUISVILLE, KY 40202 F0009 Examption F0009 Examption LOUISVILLE, KY 40201 Mathematication is not associon 00943(3) supporting organization or a section 527 organization and is goes receipts are scolen set. F0009 Examption Vebsit: N/A Tax exampt states (new only one) X (interms 00) 4947(3) supporting organization or a section 527 organization and is goes receipts are scolen set. S00000 ar more, of total assection 527 organization set associan 00943(3) supporting organization or a section 527 organization scole sets (1 more 900 Feb organization scole sets) (1 more 900 Feb organis (1 more 900 Feb organization scole sets | Forn | n 9 9 | 90-EZ | Return of Organization Exempt Under section 501(c), 527, or 4947(a)(1) of the In (except black lung benefit trust or private | From Inc ternal Revenue Co foundation) | | | X | 2011 |
| A For the 2011 calendary year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012 Charace comparisation Charace comparisation THE REAL ESTATE LEGACY FOUNDATION OF 26-2417672 Interaction THE REAL ESTATE LEGACY FOUNDATION OF 26-2417672 Interaction 325 W. MAIN STREET 1110 502-585-4649 Amendations 325 W. MAIN STREET 1110 F002-585-4649 Commune Method: LOUISVILLE, KY 40202 F0009 Examption F0009 Examption LOUISVILLE, KY 40201 Mathematication is not associon 00943(3) supporting organization or a section 527 organization and is goes receipts are scolen set. F0009 Examption Vebsit: N/A Tax exampt states (new only one) X (interms 00) 4947(3) supporting organization or a section 527 organization and is goes receipts are scolen set. S00000 ar more, of total assection 527 organization set associan 00943(3) supporting organization or a section 527 organization scole sets (1 more 900 Feb organization scole sets) (1 more 900 Feb organis (1 more 900 Feb organization scole sets | | | | organizations as defined in section 512(b)(13) must file Form 990. All other organizations as defined in section 512(b)(13) must file Source and the user massets less than \$500,000 at the end of t | ns with gross receipts l | ess than \$2 | 200,000 | and tota | Open to Public |
| B Check # Channel of organization Demologier identification number 260-241.7672 THE REAL STATE LEGACY FOUNDATION OF 26-2417672 Number and Siles (or P.D. Dos, If mail is not delivered to street address) Room/sule Endephone number 25.9 NATIN STREET 110 502-585-4649 Automatic and the composition of the co | | | | The organization may have to use a copy of this return to s THE 1 2011 | atisfy state repor | ting requ | iireme | nts. | Inspection |
| Contrast control THE REAL ESTATE LEGACY FOUNDATION OF 26-2417672 Number and Street (0r P.O. loss, It mail is not delivered to street address) Room/suite E Telephone number 325 W. MAIN STREET 1110 502-585-4649 Accounting Method: Cost Main Street (0r P.O. loss, It mail is not delivered to street address) Room/suite E Telephone number B Accounting Method: Cost M (2015) Herework end (2015) Herework end (2015) Herework end (2015) G Accounting Method: Cost M (2016) Account (specify) Herework end (2016) Herework end (2016) G Accounting Method: Cost M (2016) Sol (0)(3) (3016) (1) ((intert no.) 4947(a)(1) or (372) Cost Method (2016) G Accounting Method: D Here cognization is not a section Sol (2016) (2016) It method (2016) Here cognization end (2016) Form (2016) J Takesemptistate schedul (2016) It method (2016) It method (2016) Sol (2017) Sol (2017) L Add lines (2016) Here cognization contex, Here own (2016) It method (2016) Sol (2017) Sol (2017) L Add lines (2016) Here own (2016) It method (2016) Sol (2017) Sol (2017) Sol (2017) L Add lines (2016) <td< td=""><th>BO</th><td>heck if</td><td>C N</td><td></td><td>and ending</td><td></td><td></td><td></td><td></td></td<> | BO | heck if | C N | | and ending | | | | |
| Image charge INTUC 26-2417672 Instance charge Number and street (or P2. box, if mails in oil delivered to street address) Provide the provide provide the provide theprovide provide the provi | _ a | Ξ | | - | Ω. | | D CIIIPI | oyer tu | |
| Image: start of the image: start of the image: start of delivered to street address) Room/suite Telephone number Start of the image: start of the imag | - | | Ŭ T7 | | OF | | 24 | 5 2/ | 17670 |
| Image: Sign of the second | | | Mur | | Boor | n/suite | | | |
| □ Implementation Tell F Group Exemption □ LoUISVILLE, KY 40202 Implementation Number ▶ 0 Accounding Method: Cash X Accounding Method: Implementation 1 Website: ▶ N/A If Accounding Method: If Accounding Method: If Accounding Method: If Accounding Method: Implementation is not a section 503(a)(3) supporting organization on a section 527 organization and its gross receipts are normally northwre than SS0,000. A form 990-E2 or 690-PF). K Check // If the organization is not a section 503(a)(3) supporting organization on a section 527 organization and its gross receipts are socially and brequired (see instructions). But if the organization chooses to file a refurm. a return, Bo serve to file a complete return. Implementation is not a section 503(a)(3) supporting organization on a section 527 organization and its gross receipts are \$200,000 or more, or flotal assets (Part II, line 25, column (B) balow) are \$500,000 or more, file Form 990. Fez or 990-F2 Implementation is not a section 503(a) and participation and its gross receipts are \$200,000 or more, or flotal assets (Part II, line 25, column (B) balow) are \$500,000 or more, file Form 990. Fez or 500 or 500,000 or more, file Form 990. Fez or 500 or 500,000 or more, file Form 990. Fez or 500 or 500,000 or more, file Form 990. Fez or 500 or 500,000 or more, file Form 990. Fez or 500 or 500,000 or more, file Form 990. Fez or 500 or 500,000 or more, file Form 990. Fez or 500,000 or form, file Form 990. Fez or 500 or 500,000 or more, file Form 990. Fez or 500,000 or form 500,000 | - | | recum | | | | | | |
| Image: control in the second in the seco | | - | City | | | - | | | |
| G Accounting Method: □ Gash X Accrual Other (specify) H Check ► (X) It the organization is not required to attach Schedule B I Website: ► N/A H Check ► (X) It the organization is not required to attach Schedule B I website: ► N/A H Check ► (X) It the organization is not required to attach Schedule B K Check ► (If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. Are more may not more, or if total assets (Part II, line 25, column (B) below are \$50,000. Or more, or if total assets (Part II, line 25, column (B) below are \$50,000. Or more, or if total assets (Part II, line 25, column (B) below are \$50,000. Or more, or if total assets (Part II, Check II the organization and subscreamed or su | F | | T | | | ! | | | ption |
| Image: NA required to attach Schedule B J Tax-exemptatus (check only one) - ▲ 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 required to attach Schedule B (form 990, 990-E2, or 590, 990-F2). if the organization is not a section 509(a)(3) suppring organization or a section 527 organization and its gross receipts are normally not more than S50,000. A form 990-E2 or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. S 0. Part I Revenue_Expenses, and Changes in Net Assets for Fund Balances (see the instructions for Part I.) . <th>G</th> <td></td> <td>ation ponding</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X if the organization is not</td> | G | | ation ponding | | | | | | X if the organization is not |
| J Tax-exempt status (check only one) X 501(c)(3) 501(c)(1) 4947(a)(1) or 527 (form 990, 990-EZ, or 900-EZ, or 990-EZ, or 990-EZ | | | - | | | | | | |
| K Check ▶ If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-E2 or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions), But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 istade of Form 990-E2 \$ 0. Part I Revenue, Expenses, and Charges in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule 0 to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 2 Porgram service revenue including government fees and contracts 2 3 Membership dues and assessments 4 Instement income 4 a Gross income from from sale of assets other than inventory. 5a 5b 5c 6a of contributions grifts, grants and sline sequess 6a disting events reported on line 1) (attach Schedule 6 if the sum of such groups and subtract line 5c). 6d disting events reported on line 1) (attach Schedule 6 if the sum of such groups and fundraising events (add lines 6a and 6b and subtract line 6c). 6d dis anounts paid (line Schedule | | | | neck only one) $-$ X 501(c)(3) 501(c) () \blacktriangleleft (insert no.) | 4947(a)(1) or | 527 | • | | |
| \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. 1. Add lines 50, 6, and 7b, to line 91 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 0. Part1 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) □ 1 Contributions, gifts, grants, and similar amounts received 1 1 2 Program service revenue including government fees and contracts 3 3 3 Membership dues and assessments 4 4 4 Investment income 5a 5b 5c 6 Gaming and fundraising events 6a 5c 5c 6 Gaming and fundraising events (not including \$ 0 contributions 6b 6c 9 Fore science from gaming (attach Schedule G if greater than \$15,000) 6b 6c 6c 6 Gaming and fundraising events (not including \$ 7a 7c 7c 9 Total expenses from gaming and fundraising events (add lines 6a and 6b and subtrat line 6c) 6d 6d <th></th> <td></td> <td>· · ·</td> <td></td> <td>1 / 1 /</td> <td></td> <td></td> <td></td> <td></td> | | | · · · | | 1 / 1 / | | | | |
| a return, be sure to file a complete return. L Add lines 50, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below are \$500,000 or more, file Form 990-FZ ▶ \$ 0. Part1 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) | | | | | - | - | | | |
| Ime 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 0. Part1 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check If the organization used Schedule 0 to respond to any question in this Part I | | | | | | | , | | ° |
| Ime 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 0. Part1 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check If the organization used Schedule 0 to respond to any question in this Part I | LA | Add lin | es 5b, 6c, and | 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or n | nore, or if total asse | ets (Part I | I, | | |
| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule 0 to respond to any question in this Part I I Contributions, gifts, grants, and similar amounts received I I I Contributions, gifts, grants, and similar amounts received I I I Contributions, gifts, grants, and similar amounts received I I I Contributions, gifts, grants, and similar amounts received I I I I I Contributions, gifts, grants, and similar amounts received I I I I I I I I I I I I I I I I I I I I I I I I | | | | | | | | ▶ \$ | 0. |
| I Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a 5b 5b 5c 6 Gaming and fundraising events 5c a Gross income from gaming (attach Schedule G if greater than St5,000) 6a 6c b Less: cost or form fundraising events (not including \$ of contributions 6c c Less: direct expenses from gaming and fundraising events 6c 6d c Less: cost of goods sold 7a 7a c Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d c Gross sprofit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c c Gross sprofit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c d Net income or for members 11 11 11 11 11 11 12 Salaries, other | | | | e, Expenses, and Changes in Net Assets or Fund E | Balances (see t | he instruc | ctions f | or Part | l.) |
| 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a 6 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 6 Gaining and fundraising events 5b 5c 9 Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 6b b Gross income from fundraising events (not including \$ of contributions of contributions rform fundraising events reported on line 1) (attach Schedule 6 if the sum of such gross income and contributions exceeds \$15,000) 6b 6d 7 Gross sales of inventory, less returns and allowances 7a 7c 8 Other revenue (describe in Schedule 0) 8 0. 9 Total revenue. (Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 0. 10 Grass and similar amounts paid (list in Schedule 0) 10 11 11 Salaries, other compensation, and employee benefits 12 13 13 Professional fees and other payments to independent contractors <th></th> <td>_</td> <td>Check if the</td> <td>organization used Schedule O to respond to any question in this Part L</td> <td></td> <td></td> <td></td> <td></td> <td></td> | | _ | Check if the | organization used Schedule O to respond to any question in this Part L | | | | | |
| 3 Membership dues and assessments 3 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a b Less: cost or other basis and sales expenses 5b c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 6 Gaming and fundraising events 5a a Gross income from gaming (attach Schedule G if greater than sits on since and ontributions strom fundraising events (not including \$s) of contributions from fundraising events (not including \$s) of contributions strom fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7 Gross sincome and contributions exceeds \$15,000) 6b 6d 7 Gross so fortor (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7 Gross so fortor (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0) 7d 7c 9 O. 10 11 11 Gross sale of one promems paid (ist in Schedule 0) 10 11 12 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 0. 12 | | 1 | Contributions, | gifts, grants, and similar amounts received | | | | 1 | |
| 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a 5b 5b 5c 6 Gain or (loss) from sale of assets other than inventory (Subtract line 5b) from line 5a) 5c 6 Gaming and fundraising events 5c a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 5c b Gross income from fundraising events (not including \$ of contributions of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 6c 7 Gross sales of inventory, less returns and allowances 7a 7a b Less: cost of goods sold 7a 7c c Gross sold inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0) 10 10 Grants and similar amounts paid (list in Schedule 0) 10 11 Salaries, other compensation, and employee benefits 12 12 Salaries, other compensation, and employee benefits 13 13 Ocupancy, rent, utilities, and maintenance 14 < | | 2 | Program serv | ce revenue including government fees and contracts | | | | 2 | |
| Sa Gross amount from sale of assets other than inventory 5a 5a b Less: cost or other basis and sales expenses 5b 5c c Gaining and fundraising events 5c a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 5c b Gross income from fundraising events (not including \$ | | 3 | | | | | | 3 | |
| b Less: cost or other basis and sales expenses 5b c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 5c b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 6c c Less: direct expenses from gaming and fundraising events 6c 6d d Net income or (loss) from gain g and fundraising events (add lines 6a and 6b and subtract line 6c) 6d c Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7c c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 d Other revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 0. 10 Grants and similar amounts paid (list in Schedule 0) 10 11 11 2 2 13 2 12 Salaries, other compensation, and employee benefits 12 13 14 13 Portesisonal fees and other payments to independent c | | · · | | | | | | 4 | |
| c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 6 Gaming and fundraising events 6a a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a of contributions b Gross income from fundraising events (not including \$ | | | | | 5a | | _ | | |
| 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0) 8 9 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 0. 10 Grants and similar amounts paid (list in Schedule 0) 10 11 11 Escience 12 12 12 Salaries, other compensation, and employee benefits 12 13 12 Salaries, other compensation, and employee benefits 13 14 13 Cocupancy, rent, utilitites, and maintenance 14 <t< td=""><th></th><td>b</td><td></td><td></td><td>5b</td><td></td><td>_</td><td></td><td></td></t<> | | b | | | 5b | | _ | | |
| a Gross income from gaming (attach Schedule G if greater than 6a \$15,000 6a b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule 0) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Other expenses (describe in Schedule 0) 16 14 Other expenses (describe in Schedule 0) 16 15 Other expenses (describe in Schedule 0) 16 14 Occupancy, rent, utilities, and maintenance 14 | | C | . , | | | | | 5c | |
| § 15,000) 6a b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule 6 if the sum of such gross income and contributions exceeds \$15,000) 6b c Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 Total revenue. Add lines for members 11 10 Grants and similar amounts paid (list in Schedule 0) 10 11 Salaries, other compensation, and employee benefits 12 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Other expenses (describe in Schedule 0) | | - | • | | | | | | |
| from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events 6b d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a 6d b Less: cost of goods sold 7c 7c c Gross sprofit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 0. 10 Grants and similar amounts paid (list in Schedule 0) 10 11 11 Salaries, other compensation, and employee benefits 12 13 12 Salaries, other and maintenance 14 14 15 Other expenses (describe in Schedule 0) 16 17 16 Other expenses (describe in Schedule 0) 16 17 0. | ne | a | | | o. | | | | |
| from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events 6b d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a 6d b Less: cost of goods sold 7c 7c c Gross sprofit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 0. 10 Grants and similar amounts paid (list in Schedule 0) 10 11 11 Salaries, other compensation, and employee benefits 12 13 12 Salaries, other and maintenance 14 14 15 Other expenses (describe in Schedule 0) 16 17 16 Other expenses (describe in Schedule 0) 16 17 0. | ven | ۱. | | | | | - | | |
| gross income and contributions exceeds \$15,000) 6b 6c c Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule 0) 10 11 Elements 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Cocupancy, rent, utilities, and maintenance 14 15 If 15 16 Other expenses (describe in Schedule 0) 16 17 Total expenses. Add lines 10 through 16 17 0. | Re | D | | | CONTRIDUCIONS | | | | |
| c Less: direct expenses from gaming and fundraising events 6c 6d d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule 0) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule 0) 16 17 O. 17 0. | | | | | 6b | | | | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule 0) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses. Add lines 10 through 16 17 17 Total expenses. Add lines 10 through 16 17 | | | - | | | | - | | |
| 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 0. 10 Grants and similar amounts paid (list in Schedule 0) 10 10 11 Benefits paid to or for members 11 12 12 Salaries, other compensation, and employee benefits 12 13 13 Professional fees and other payments to independent contractors 13 14 14 15 15 15 15 0ther expenses (describe in Schedule 0) 16 17 16 17 0. 18 0. | | | | | | | | b9 | |
| b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 0. 10 Grants and similar amounts paid (list in Schedule 0) 10 10 11 Benefits paid to or for members 11 12 12 Salaries, other compensation, and employee benefits 12 13 14 12 14 15 16 15 16 17 0. 16 17 0. 17 0. 18 Co. | | | | | | | | UU | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 0. 10 Grants and similar amounts paid (list in Schedule 0) 10 10 11 Benefits paid to or for members 11 11 12 Salaries, other compensation, and employee benefits 12 13 13 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance 14 15 16 Other expenses (describe in Schedule 0) 16 16 17 Total expenses. Add lines 10 through 16 17 0 . | | I . | | | | | | | |
| 8 Other revenue (describe in Schedule 0) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 0. 10 Grants and similar amounts paid (list in Schedule 0) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 15 15 16 Other expenses (describe in Schedule 0) 16 17 O. 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 | | c | Gross profit o | (loss) from sales of inventory (Subtract line 7b from line 7a) | | | | 7c | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 > 9 0. 10 Grants and similar amounts paid (list in Schedule 0) 10 10 11 Benefits paid to or for members 11 11 12 Salaries, other compensation, and employee benefits 12 12 13 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance 14 15 16 0ther expenses (describe in Schedule 0) 16 16 17 Total expenses. Add lines 10 through 16 17 0. | | 8 | Other revenue | (describe in Schedule O) | | | F | 8 | |
| 10 Grants and similar amounts paid (list in Schedule 0) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 0. 16 17 0. 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 | | 9 | Total revenue | . Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | | 9 | 0. |
| 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 15 16 16 17 0. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 | | 10 | | | | | | 10 | |
| 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 0ther expenses (describe in Schedule 0) 16 17 Total expenses. Add lines 10 through 16 17 0. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 0. | | 11 | Benefits paid t | o or for members | | | | 11 | |
| 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule 0) 16 17 Total expenses. Add lines 10 through 16 17 0 • 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 0 • | es | 12 | | | | | | 12 | |
| 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule 0) 16 17 Total expenses. Add lines 10 through 16 17 0 • 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 0 • | ens | 13 | | | | | | | |
| 15 Printing, publications, postage, and simpping 15 16 Other expenses (describe in Schedule 0) 16 17 Total expenses. Add lines 10 through 16 17 0. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 0. | ă | 14 | Occupancy, re | rent, utilities, and maintenance | | | | | |
| 17 Total expenses. Add lines 10 through 16 18 Evress or (deficit) for the year (Subtract line 17 from line 9) | ш | | | | | | | | |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | | | - | · · · · · · · · · · · · · · · · · · · | | | | | |
| IN EXCESS OF (DETICIT) FOR THE YEAR (SUDTRACT LINE 1/ from line 9) | | | | | | | | | |
| | ts | | | | | | ···· | 18 | υ. |
| 19 Net assets or fund balances at beginning of year (from line 27, column (A)) | sse | 19 | | | | | | 10 | 0 |
| StoreImage: Constraint of the storeImage: Constraint of the storeImage: Constraint of the store19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)190.20Other changes in net assets or fund balances (explain in Schedule 0)200. | ¢t A | 00 | | | | | | | |
| 20Other changes in net assets or fund balances (explain in Schedule 0)200.21Net assets or fund balances at end of year. Combine lines 18 through 20210. | Š | | | | | | ┈┝ | | |
| LHA For Paperwork Reduction Act Notice, see the separate instructions. | 14/ | | | | | | | 21 | |

| Form 990-EZ (2011) THE REAL ESTATE LEGACY FC KENTUCKY, INC. | UNDATION OF | : | 26- | 24176 | 72 Page 2 |
|---|--|--|----------|-------------------------------|----------------------------------|
| Part II Balance Sheets. (see the instructions for Part II.) | | | | | |
| Check if the organization used Schedule O to res | pond to any question | in this Part II | | | |
| | A) |) Beginning of year | | (B) E | nd of year |
| 22 Cash, savings, and investments | | | 22 | | |
| 23 Land and buildings | | | 23 | | |
| 24 Other assets (describe in Schedule 0) | | | 24 | | |
| 25 Total assets | | 0 | • 25 | | 0. |
| 26 Total liabilities (describe in Schedule 0) | | 0 | • 26 | | 0. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | | 0 | • 27 | | 0. |
| Part III Statement of Program Service Accomplishme | | ons for Part III.) | | Ex | penses |
| Check if the organization used Schedule O to res | pond to any question | in this Part III | X | (Required | for section |
| What is the organization's primary exempt purpose?SEE SCHEDULE C | | | | | and 501(c)(4) ons and section |
| Describe the organization's program service accomplishments for each of its three largest program | services, as measured by expenses | s. In a clear and concise | | 4947(a)(1 |) trusts; optional |
| manner, describe the services provided, the number of persons benefited, and other relevant inform | | | | for others. |) |
| 28 NO ACTIVITY IN CURRENT YEAR. | | | | | |
| | | | | | |
| | | | | | |
| (Grants \$) If this amount includes foreign g | prants check here | | | 28a | |
| 29 | | | | | |
| | | | _ | | |
| | | | | | |
| (Grants \$) If this amount includes foreign (| arants, chock horo | | | 29a | |
| 30 | | | | 230 | |
| | | | | | |
| | | | | | |
| | | ` | <u> </u> | 30a | |
| (Grants \$) If this amount includes foreign (| | | | 30a | |
| 31 Other program services (describe in Schedule O) | | | | 0.1.0 | |
| (Grants \$) If this amount includes foreign g | grants, check here | ····· ► | | 31a | 0. |
| 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key E | mplovees | ····· | 🚩 | 32 | |
| | | | see the | instructions for | or Part IV.) |
| Check if the organization used Schedule O to res | | | | | |
| | (b) Title and average hours per week devoted to | (C) Reportable compensation (Forms | ` contr | alth benefits, ibutions to | (e) Estimated amount of other |
| (a) Name and address | position | W-2/1099-MISC) (if not paid, enter -0-) | plans, a | oyee benefit and deferred | compensation |
| CHANN & DADDY 205 M WATH CEDER | | (in not paid, cinci o) | com | pensation | |
| SUSAN A. BARRY, 325 W. MAIN STREET, | PRESIDENT | | | • | 0 |
| SUITE 1110, LOUISVILLE, KY 40202 | 0.10 | 0. | | 0. | 0. |
| HENRY M. ALTMAN, 325 W. MAIN STREET, | CHAIR | | | • | • |
| SUITE 1110, LOUISVILLE, KY 40202 | 0.10 | 0. | | 0. | 0. |
| MIMI ZINNIEL, 325 W. MAIN STREET, | VICE-CHAIR | | | | |
| SUITE 1110, LOUISVILLE, KY 40202 | 0.10 | 0. | | 0. | 0. |
| MARIA HAMPTON, 325 W. MAIN STREET, | SECRETARY | | | - | _ |
| SUITE 1110, LOUISVILLE, KY 40202 | 0.10 | 0. | | 0. | 0. |
| JEFFEREY YUSSMAN, 325 W. MAIN | DIRECTOR | | | | |
| STREET, SUITE 1110, LOUISVILLE, KY | 0.10 | 0. | | 0. | 0. |
| MATT BACON, 325 W. MAIN STREET, | TREASURER | | | | |
| SUITE 1110, LOUISVILLE, KY 40202 | 0.10 | 0. | | 0. | 0. |
| MIKE SCHULTZ, 325 W. MAIN STREET, | DIRECTOR | | | | |
| SUITE 1110, LOUISVILLE, KY 40202 | 0.10 | 0. | | Ο. | 0. |
| | | | | | |
| | 1 | | | | |
| | | | | | |
| | 1 | | | | |
| | | | | | |
| | 1 | | | | |
| | | | | | |
| | 1 | | | | |
| | | <u> </u> | | | |
| | 1 | | | | |
| 132172 | | | | | |

| THE REAL ESTATE LEC | ACY FOUNDATION O |
|---------------------|------------------|
|---------------------|------------------|

| _ | 990-EZ (2011) KENTUCKY, INC. 26-2417 | | | Page 3 |
|------|--|------------|-------------|---------------|
| Pa | rt V Other Information (Note the Schedule A and personal benefit contract statement requirements | | | |
| | instructions for Part V.) Check if the organization used Sch. O to respond to any question in this | Part | | X |
| | | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each | | | |
| | activity in Schedule 0 | 33 | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended | | | |
| | documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | | X |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported | | | |
| | on lines 2, 6a, and 7a, among others)? | 35a | NT / | X |
| | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | N/ | <u> </u> |
| C | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax | | | 37 |
| ~~ | requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," | | | v |
| 07. | complete applicable parts of Schedule N | 36 | | X |
| 3/a | Enter amount of political expenditures, direct or indirect, as described in the instructions. | 076 | | v |
| | Did the organization file Form 1120-POL for this year? | 37b | | X |
| 30 a | | 38a | | x |
| ь | in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A | 30a | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on line 9 39a N/A | | | |
| | Gross receipts, included on line 9, for public use of club facilities | | | |
| | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | | |
| 40 u | section 4911 \blacktriangleright 0 · ; section 4912 \blacktriangleright 0 · ; section 4955 \blacktriangleright 0 · | | | |
| h | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the | | | |
| - | year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 40b | | x |
| C | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers | | | |
| | or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the | | | |
| | organization D. | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | | |
| | transaction? If "Yes," complete Form 8886-T | 40e | | Х |
| | List the states with which a copy of this return is filed. \blacktriangleright KY | | | |
| 42 a | The organization's books are in care of ► THE COMMUNITY FOUNDATION OF Telephone no. ► 502-58 | | | |
| | Located at ► 325 WEST MAIN STREET, SUITE 1110, LOUISVILLE, KY ZIP+4 ► 4 | 020 | 2 | |
| b | 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 | | Yes | No |
| | account)? | 42b | | X |
| | 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. | | | |
| C | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | | X |
| | If "Yes," enter the name of the foreign country: | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here | | 🕨 | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year 43 | N/A | | |
| | | 1 | Vaa | |
| 11- | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of | | res | No |
| 44 a | | 44a | | x |
| h | Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead | 44a | | |
| U | | 44b | | x |
| ^ | of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? | 440 44c | | X |
| | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation | 770 | | |
| u | in Schedule O | 44d | | |
| 45 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | x |
| | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section | | | <u> </u> |
| _ | 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | | |

| Form | 990-EZ | (2011) |
|------|--------|--------|
|------|--------|--------|

| Form 990-EZ (2 | 2011) KENTUCKY, INC. | | | | 26-24176 | 72 | Page 4 |
|-------------------|---|-------------------------------|--------------------|---------------------------------------|--------------------------------------|-------------|---------------|
| | | | | | _ | Yes | 6 No |
| | ganization engage, directly or indirectly, in political campai | • | | | | | 37 |
| Part VI | omplete Schedule C, Part I Section 501(c)(3) organizations and sec | tion (0(7(2)(1) no | novomnt | obaritable tru | ste oply au | 46 | X |
| | organizations and section 4947(a)(1) nonexempt ch | | - | | - | | I(C)(3) |
| | for lines 50 and 51. Check if the organization used § | | - | | - | | |
| | | | to any quoor | | | | No |
| 47 Did the o | ganization engage in lobbying activities or have a section & | 501(h) election in effect dur | ring the tax ye | ar? If "Yes," complete | e Sch. C, Part II 🗌 | 47 | Х |
| | anization a school as described in section 170(b)(1)(A)(ii) | | | | | 48 | Х |
| | ganization make any transfers to an exempt non-charitable | | | | | 49a | X |
| | as the related organization a section 527 organization? this table for the organization's five highest compensated | | | | | 49b | mara |
| | 0,000 of compensation from the organization. If there is no | | cers, unectors | , il usiees allu key ell | inployees) who ear | li receiveu | more |
| ιιαι φτο | (a) Name and address of each employee | (b) Title and av | verage hours | (C) Reportable | (d) Health benefits, | (e) Estir | nated |
| | paid more than \$100,000 | per week d | evoted to | compensation (Forms W-2/1099-MISC) | contributions to employee benefit | amount o | f other |
| | NONE | posit | ion | , | plans, and deferred compensation | compen | sation |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | <u> </u> | | | | |
| | ber of other employees paid over \$100,000 | indonandant contractors w | | red mare then \$100 | 000 of company | ion from th | |
| | ion. If there is none, enter "None." NONE | independent contractors w | 110 each receiv | /eu more man \$ 100, | ooo or compensa | | le |
| | I address of each independent contractor paid more than § | \$100,000 | (b) Type o | f service | (c) C | ompensatio | on |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | ber of other independent contractors each receiving over | | | 🕨 | | | |
| | ganization complete Schedule A? Note: All section 501(c) | (3) organizations and 4947 | (a)(1) nonexe | mpt | N V | n, r | |
| Under penalties o | trusts must attach a completed Schedule A | anying schedules and statemen | its, and to the be | est of my knowledge and | beilef, it is true, corr | Yes | No |
| | parer (other than officer) is based on all information of which preparer | has any knowledge. | | | | | |
| Sign Here | Signature of officer | | | | Date | | |
| nere | MATTHEW L. BACON, TREASU | RER | | | | | |
| | Type or print name and title | | | | | | |
| | Print/Type preparer's name Preparer's | signature | Date | Check | if PTIN | | |
| Paid | REBECCA L. PHILLIPS, | | | self- employ | · | 04055 | - |
| Preparer | | מיז עיז דח | | | | 24055 |) |
| Use Only | Firm's name ► MOUNTJOY CHILTON D Firm's address ► 462 S. FOURTH ST | | 0 | Firm's EIN Phone no. | (= 0 0) = | | 00 |
| | LOUISVILLE, KY 4 | - | U | Phone no. | (304)/ | 49-13 | ,00 |
| May the IRS di | scuss this return with the preparer shown above? See instr | | | | > 🗴 | Yes | No |

THE REAL ESTATE LEGACY FOUNDATION OF

Form 990-EZ (2011)

| SCHEDULE A (Form 990 or 990-EZ) | | Public Charity Status and Public Support | | | | | | | | OMB No. 1545-0047 | |
|------------------------------------|---------------------------------|--|---|-------------|---------------------------|--------------------|---------------------------|-----------------------------------|-------------------|---------------------------------|----------|
| Department of Internal Reve | of the Treasury enue Service | | te if the organization is 4947(a)(1) n tach to Form 990 or Fo | onexempt | charitabl | e trust. | | | | Open to Public Inspection | |
| Name of | the organizat | | L ESTATE LEG | | | | | | | identification numl $6-2417672$ | ber |
| Part I | Reason | | ity Status (All organiz | zations mu | st complet | te this par | t.) See ins | tructions. | 4 | 0 241/0/2 | — |
| The organ | | | because it is: (For lines | | | | | | | | |
| 1 🛄 | | | s, or association of chur | | | | |). | | | |
| 2 | A school des | cribed in section 17 | 0(b)(1)(A)(ii). (Attach Sc | hedule E.) | | | | | | | |
| 3 🛄 | A hospital or | a cooperative hospit | tal service organization | described | in section | 170(b)(1) | (A)(iii). | | | | |
| 4 | | - | operated in conjunction | with a hos | pital desc | ribed in se | ction 170 | (b)(1)(A)(ii | i). Enter | the hospital's name, | , |
| 5 | city, and stat An organizat | | benefit of a college or u | niversity o | wned or op | perated by | a govern | mental uni | it describ | ed in | — |
| | | (b)(1)(A)(iv). (Comple | | | | | | | | | |
| 6 | | - | ent or governmental uni | | | | | | | | |
| 7 📖 | - | ion that normally rec b)(1)(A)(vi). (Comple | eives a substantial part | of its supp | oort from a | governme | ental unit c | or from the | general | public described in | |
| 8 | | | ection 170(b)(1)(A)(vi). | (Complete | Part II) | | | | | | |
| 9 | | | eives: (1) more than 33 | | | rom contri | butions, n | nembershi | p fees, a | nd gross receipts fro | сm |
| | | | nctions - subject to certa | | | | | | | | |
| | income and u | unrelated business ta | axable income (less sec | tion 511 ta | ax) from bu | isinesses a | acquired b | y the orga | anization | after June 30, 1975. | |
| | See section | 509(a)(2). (Complete | e Part III.) | | | | | | | | |
| 10 | | | perated exclusively to te | | | | | | | | |
| 11 X | | | perated exclusively for the | | | | | | | | |
| | | | tions described in secti | | | | 2). See sec | ction 509(| a)(3). Ch | eck the box that | |
| | a X Type | | organization and compl | | | | tearated | | d |] Type III - Other | |
| e 🗌 | | | t the organization is not | | | • | - | r more dis | | ••• | |
| | | | han one or more publicl | | | | | | | | |
| f | | | ten determination from | | - | | | | | | |
| | supporting o | rganization, check th | nis box | | | | | | | | Х |
| g | - | | rganization accepted ar | | | - | | | | r | |
| | | • | irectly controls, either a | - | | - | | | | | No X |
| | | | upported organization? | | | | | | | | <u>x</u> |
| | ., , | family member of a person described in (i) above? 35% controlled entity of a person described in (i) or (ii) above? | | | | | | X | | | |
| h | | | about the supported or | | | | | | | [119(iii)] | <u> </u> |
| | | | | gamzation | (0). | | | | | | |
| (i) Name | e of supported | (ii) EIN | (iii) Type of | | organization | | | (vi) Is | the | (vii) Amount of | |
| org | anization | | organization (described on lines 1-9 | | sted in your document? | | ion in col. r support? | organizatio (i) organiz U.S | ed in the | support | |
| | | | above or IRC section (see instructions)) | Yes | No | Yes | No | 0.5 Yes | .r No | | |
| COMMU | זאדייע | | (366 113110610113)) | res | NO | res | NO | res | NO | | |
| | | 31-0997017 | 7 | x | | x | | x | | | Ο. |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total | 1 | | | | | | | | | | 0. |

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011

| Concaulo | |
|----------|-----|
| Part II | Sup |

(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 | ndar year (or fiscal year beginning in) 🕨 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, | etc. (see instruct | ions) | • | | 12 | |
| 13 | First five years. If the Form 990 is for | the organization' | s first, second, th | ird, fourth, or fifth t | tax year as a sectio | on 501(c)(3) | |
| | organization, check this box and stop | | | | | | |
| Sec | ction C. Computation of Publi | c Support Pe | ercentage | | | | |
| 14 | Public support percentage for 2011 (li | ine 6, column (f) d | livided by line 11, | column (f)) | | 14 | % |
| 15 | Public support percentage from 2010 | Schedule A, Part | II, line 14 | | | 15 | % |
| 16a | 33 1/3% support test - 2011. If the o | rganization did no | ot check the box (| on line 13, and line | 14 is 33 1/3% or i | more, check this bo | ox and |
| | stop here. The organization qualifies a | as a publicly supp | oorted organizatio | n | | | ▶∟ |
| b | 33 1/3% support test - 2010. If the o | rganization did no | ot check a box on | line 13 or 16a, and | d line 15 is 33 1/3% | % or more, check th | nis box |
| | and stop here. The organization quali | fies as a publicly | supported organi | zation | | | ▶∟ |
| 17a | 10% -facts-and-circumstances test | : - 2011. If the orc | ganization did not | check a box on lin | ie 13, 16a, or 16b, | and line 14 is 10% | or more, |
| | and if the organization meets the "fact | | | | | | |
| | meets the "facts-and-circumstances" | test. The organiza | ation qualifies as a | a publicly supporte | ed organization | | |
| b | 10% -facts-and-circumstances test | t - 2010. If the orç | ganization did not | check a box on lin | ie 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets th | ie "facts-and-circu | umstances" test, o | check this box and | stop here. Explai | n in Part IV how the |) |
| | organization meets the "facts-and-circ | umstances" test. | The organization | qualifies as a publ | licly supported org | anization | ► |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 1 | 6a, 16b, 17a, or 17 | b, check this box | and see instruction | s ► |

Schedule A (Form 990 or 990-EZ) 2011

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.)

| Sec | ction A. Public Support | | - | - | - | - | |
|------|--|--------------------|---------------------------------------|-----------------------|-----------------------|---------------------|------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 2 | Gross receipts from activities that | | | | | | |
| 3 | are not an unrelated trade or bus- | | | | | | |
| | | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| ~ | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| 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 | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | · · · · · · · · · · · · · · · · · · · | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | Amounts from line 6 | (u) 2001 | (5) 2000 | (0)2000 | | (0) 2011 | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | \bigcirc | | | | |
| b | 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 IV.) | | | | | | |
| 13 | Total support (Add lines 9, 10c, 11, and 12.) | | | | | | |
| | First five years. If the Form 990 is for | the organization' | s first, second. thir | d, fourth, or fifth t | tax year as a section | on 501(c)(3) organi | zation, |
| | check this box and stop here | • | | | • | | · |
| Sec | ction C. Computation of Publi | | | | | | r |
| | Public support percentage for 2011 (I | | | column (f)) | | 15 | % |
| | Public support percentage from 2010 | | | | | 16 | % |
| | ction D. Computation of Invest | | | | | 1 | <u>,,,</u> |
| | Investment income percentage for 20 | | • | | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | <u> </u> |
| | 33 1/3% support tests - 2011. If the | | | | | | |
| 130 | | | | | | | |
| b | more than 33 1/3%, check this box ar 33 1/3% support tests - 2010. If the | organization did r | not check a box or | line 14 or line 19 | a, and line 16 is m | ore than 33 1/3%, | and |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organizatio | n did not check a | box on line 14, 19 | a, or 19b, check t | this box and see in | structions | ▶∟_ |

| | Quere la mantel la farma atien de Farma 000 au 000 | | DMB No. 1545-0047 |
|--|---|------------------|---------------------------------|
| SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury | Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. | | 2011 Open to Public |
| Internal Revenue Service Name of the organizatio | | Employer iden | Inspection tification number |
| | KENTUCKY, INC. | 26-2417 | |
| <u>FORM 990-EZ,</u> | PART III, PRIMARY EXEMPT PURPOSE - TO RECEIV | <u>E GIFTS C</u> |)F REAL |
| OR PERSONAL | PROPERTY FOR CHARITABLE PURPOSES. | | |
| | | | |
| | PART V, INFORMATION REGARDING PERSONAL BENEF | | |
| | Y, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT | | <u>істы</u> , |
| | TION, DID NOT, DURING THE YEAR, PAY ANY PREMI | | CULA |
| | Y, ON A PERSONAL BENEFIT CONTRACT. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |