

	_		EXTENDED TO MAY 15, 2 Return of Organization Exempt F	024 From I	ncome Tax	OMB No. 1545-0047					
Forn	_ Q	90	•			2022					
1 011			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Do not enter social security numbers on this form as								
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection											
					JUN 30, 2023						
Вс	heck if	C Name of	organization		D Employer identified	cation number					
	oplicat	la.	REAL ESTATE LEGACY FOUNDATION OF								
	Addr	ge KENT	UCKY, INC.								
	Name		isiness as		26-24176	72					
	Initia	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r					
	Final		W. MAIN STREET	1110	502-585-	4649					
	termi ated	n- City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	0.					
	Amer		SVILLE, KY 40202		H(a) Is this a group re	eturn					
	Appli dtion	F Name ar	nd address of principal officer: MATTHEW L. BACON		for subordinates	? Yes X No					
	pend	SAME	AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No					
<u>I T</u>	ax-e>	empt status:		or 📃 527	If "No," attach a	list. See instructions					
	Vebs		S://WWW.CFLOUISVILLE.ORG		H(c) Group exemption						
		of organization:	X Corporation Trust Association Other	L Year	of formation: 2008	A State of legal domicile: KY					
Ра	rt I	Summary									
ø	1		e the organization's mission or most significant activities:		E GIFTS OF RE	EAL OR					
Governance			L PROPERTY FOR CHARITABLE PURPOSES								
ern	2	Check this box			1 1	ets.					
Š	3					<u> </u>					
- ∞	4		ependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2022 (Part V, line 2a)			4					
ies	5			04							
Activities &	6		of volunteers (estimate if necessary)								
Act			d business revenue from Part VIII, column (C), line 12			0.					
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		Current Year					
	~	O and the diama			1,509,545.	0.					
en	8		and grants (Part VIII, line 1h)		<u> </u>	0.					
Revenue	9	•	ce revenue (Part VIII, line 2g)		0.	0.					
Be	10 11		ome (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.					
	12		• add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,509,545.	0.					
_	13		nilar amounts paid (Part IX, column (A), lines 1-3)		1,559,545.	0.					
	14				0.	0.					
		•	o or for members (Part IX, column (A), line 4)		0.	0.					
ses			indraising fees (Part IX, column (A), line 11e)		0.	0.					
Expenses			ng expenses (Part IX, column (D), line 25)	0.	••						
Ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	0.					
	18	-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,559,545.	0.					
	19		expenses. Subtract line 18 from line 12		-50,000.	0.					
es es				B	eginning of Current Year	End of Year					
Assets or d Balances	20	Total assets (F	Part X, line 16)		1,200,000.	900,000.					
Ass	21		(Part X, line 26)		0.	0.					
Fund	22	900,000.									
Pa	rt II		und balances. Subtract line 21 from line 20								
Unde	er pen	alties of perjury, I	declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	knowledge and belief, it is					
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of wh	nich preparer	r has any knowledge.						
Sigr	ı	Signature of of			Date						
Here	e		L. BACON, TREASURER								
		Type or print n	amo and titlo								

	Type of print name and title							
	Print/Type preparer's name	Preparer's signature	Date					
Paid	AMY DOSIK			self-employed P00890743				
Preparer	rer Firm's name CHERRY BEKAERT ADVISORY LLC Firm's EIN 88-27308							
Use Only	Firm's address 101 SOUTH 5TH STR	EET STE 2100						
	LOUISVILLE, KY 40	Phone no.888–587–1719						
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No				

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

	THE REAL ESTATE LEGACY FOUNDATION OF
	N 990 (2022) KENTUCKY, INC. 26-2417672 Page 2 rt III Statement of Program Service Accomplishments Page 2
Fa	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO RECEIVE GIFTS OF REAL OR PERSONAL PROPERTY FOR CHARITABLE PURPOSES.
	TO RECEIVE GIFTS OF REAL OR PERSONAL PROPERTY FOR CHARITABLE PURPOSES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	TO RECEIVE GIFTS OF REAL OR PERSONAL PROPERTY FOR CHARITABLE PURPOSES.
4b	(Code:) (Expenses \$
4-	
4c	(Code:) (Expenses \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses
10	

THE REAL ESTATE LEGACY FOUNDATION OF Form 990 (2022) KENTUCKY, INC. Part IV Checklist of Required Schedules

1 Its en organization described in section 501(c)(3 or 4947(a)(1) (c)(ber than a private foundation)? 1 X 2 Its the organization required to complete Schedule B, Schedule of Combibutors? Sele instructions 2 X 3 Did the organization require index or index to folder of table o				Yes	No
2 Is the organization engage in direct political campagin activities on behalt of or in opposition to candidate for public direct <i>in direct</i> political campagin activities on behalt of or in opposition to candidate for a public direct <i>in direct</i> political on engage in (bbb)ring activities, or have a section 501(f)/ election effect 3 X 4 Section 501(k)(a) organization. Did the organization engage in (bbb)ring activities, or have a section 501(f)/ election effect 4 X 5 Is the organization a section 501(f)/ election for the section 501(f)/ election 501(f)/ election for the section 501(f)/ election 501(f)/ election for the section 501(f)/ election for the section 501(f)/ election 501(f)/ election 501	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 Dit the organization regage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officies (<i>P</i> ''Yes, "complete Schedule <i>C</i>, <i>Part</i> I Section 501(c)(a) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year /' <i>P</i> ''se, "complete Schedule <i>C</i>, <i>Part</i> II. Is the organization asternal on 301(c)(a) OI(c)(b). OI(c)(c)(c). Did the organization maintain and ochars any similar assement, including assaments to previse advice on the distribution or investment of amounts in such funds or accounts? <i>II</i> ''tes," complete Schedule <i>D</i>, <i>Part</i> II. Did the organization maintain clicitors of vorks of at, historial treasures, or other similar asset? <i>IV</i> ''tes," complete Schedule <i>D</i>, <i>Part</i> II. Did the organization report an amount in Part X, Ine 21, the rest of the management, credit repair, or debt negotiation services? <i>II</i> ''tes," complete Schedule <i>D</i>, <i>Part</i> II. Did the organization report an amount for land, buildings, and equipment in Part X, line 107. <i>II</i> ''tes," complete Schedule <i>D</i>, <i>Part</i> V. Did the organization report an amount for interests on the source of the Schedule <i>D</i>, <i>Part</i> V. Did the organization report an amount for the securities in Part X, line 107. <i>II</i> ''tes," complete Schedule <i>D</i>, <i>Part</i> V. Did the organization report an amount for the securities in Part X, line 107. <i>II</i> ''tes," complete Schedule <i>D</i>, <i>Part</i> V. Did the organization report an amount for the sestest in Part X, line 107. <i>II</i> ''tes," complete Schedule <i>D</i>, <i></i>				X	
a Sectors OT(c)(3) organizations. DU the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 4 X 5 be the organization as action 501(b)(h) 501(c)(h) or 501(c)(h) o	2		2		X
4 Section 501(c)(3) or organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? (I "Yes," complete Schedule C, Part II. 4 X 5 Is the organization a section 501(b)(b), 501(b)(b), or 501(b), or	3				
during the tax year? If Yes, "complete Schedule C, Part II 4 X 6 Is the organization a sectors 05 rol1(d);0;0;10;0;0;0;0;0;0;0;0;0;0;0;0;0;0;0;0			3		X
5 Is the organization assection 501(cl/d, 501(cl/g) or 501(cl/g) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 961/97 // Yes," complete Schedule C, Part II 5 X 6 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or account fabrity. 6 X 7 X 8 X 7 X 8 Did the organization maintain collectors of works of at, historical treasures, or other similar assets? // */es,* complete Schedule D, Part II 7 X 9 Did the organization is more in amount in Part X, line 21, for accrew or custodial account liability, serve as a custodian for or in quasi endowment?? // */es,* complete Schedule D, Part V 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10, II */es,* complete Schedule D, Part V 11a X 10 Did the organization report an amount for ther sesses in Part X, line 11, II * 1, S */o rome of its total assets reported in Part X, line 127 // */es,	4				
similar amounts as defined in Rev. Proc. 88-197 // Yes, * complete Schedule Q. Part II 5 X 6 Did the organization maintain any donra dvised 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which areas, or historic suctures? // revs, * complete Schedule D, Part IV 6 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // revs, * complete Schedule D, Part IV 7 X 8 Did the organization functify or through a related organization, hold assets in donor-restricted andowments? 7 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // rives, * complete Schedule D, Part V 10 X 11 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? // rives, * complete Schedule D, Part X 11 X 10 Did the organization report an amount for investments - organization report an amount for investments - organitation related in Part X, line 12?, that is 5% or more of its tot			4		X
6 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 anomals in such funds or accounts? If "Yes," complete Schedule D, Part II Image: Complete Schedule D, Part X	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
provide advice on the distribution or investment of amounts in such funds or account?? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization resolve on fold 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 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide careful consening, deta management, credit repair, or debt negatiaton services? 9 X 10 Did the organization, fincetly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for lead, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 12 Did the organization report an amount for investments - other securities in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 X 13 Did the organization report an amount for investments - other securities in Sto or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 X 14 Did the organization report an amount for investments - other securities in Sto or more of its total a		similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
7 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 X 8 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 8 X 9 Did the organization organization, and areas, or or cutsocial account liability, serve as a cutsodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, report an amount for land, buildings, and equipment in Part X, line 12, Irking 'S's, complete Schedule D, Part IV 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12, Irking 'S's or more of its total assets reported in Part X, line 16' If 'Yes,' complete Schedule D, Part VI 11 X 12 Did the organization report an amount for lands subility. Serve as an usation report an amount for lands attements or the tax, line 13, that is 5% or more of its total assets reported in Part X, line 16' If 'Yes,' complete Schedule D, Part X 11 X 13 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, and Part B/S. Complete Schedule D, Part X 114 X 116 X <td>6</td> <td></td> <td></td> <td></td> <td></td>	6				
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or in quasi endowments? # "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, XI, or X, as applicable. a) a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a 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 VI 11b c) Did the organization report an amount for investments - other securities 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 11d d) Did the organization report an amount for other iassisting in Part X, line 25? If "Yes," complete Schedule D, Part X 11d Z Did the organization report an amount for other iassisting the tax year include a footnote that addresses the organization sibeling the uncertain tax positions under FIN 48 (ASC 740?) If "Yes," complete Schedule D, Part X 11d X 11d X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11e 13 Is the organization included in consolidated, independent audited financial statements for the tax year? 11d 14a Did the organization included in consolidated, independent audited financial statements for the tax year? 11d 14a Did the org			9		<u> </u>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, K, or X, as applicable. 11 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X 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 VII 11d X c 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 X 11d X c Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 12a Did the organization separate, independent audited financial statements for the tax year? 11f X 12a Did the organization aschool described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule D, Part X 11d X 12a Did the organization aschool described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E 11d X 12a Did the organization meance astro	10				
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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 17 Did the organization report more than \$15,000 otal of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 			1/1		v
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 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 	GI		15		x
or for foreign individuals? /f "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? /f "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes," 19 X 20a Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 11 12	16		61		
 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 19 Did the organization attach a copy of its audited financial statements to this return? 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 	10		16		x
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 20a X	17				
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 10 10	17		17		x
1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 10 10	19		– "–		
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 0 0	13		10		x
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 20b	20-				
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					<u> </u>
					<u> </u>
			21		x

Form 990 (2022)

Form	990 (2022) KENTUCKY, INC. 26-2417	672	P	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O tv Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c

KENTICKY INC

THE 🔅	REAL	ESTATE	LEGACY	FOUNDATION	OF
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Form	990 (2022) KENTUCKY, INC. 26-2417	672	P	_{age} 5							
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
			Yes	No							
2a	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 2a 0										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b									
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b									
	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)?	4a		Х							
b	If "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).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х							
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	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?	7a		Х							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		X							
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X							
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g									
-	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?										
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?										
8											
9	sponsoring organization have excess business holdings at any time during the year?	8									
b	 a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 										
10	Section 501(c)(7) organizations. Enter:	9b									
	Initiation fees and capital contributions included on Part VIII, line 12 10a										
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
11	Section 501(c)(12) organizations. Enter:										
	Gross income from members or shareholders										
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1									
	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	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.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans 13b										
С	Enter the amount of reserves on hand 13c										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	15		X							
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	If "Yes," complete Form 6069.										

	990 (2022) KENTUCKY, INC. t VI Governance, Management, and Disclosure. Ear each "Ves" response to lines 2 ti			-2417		P	age 6
I a					"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	. See I	nstructions	-			77
800	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management						X
Sec	tion A. Governing body and Management						
	Esta da anche e facto company a file anno 25 a bada da ba anda file da ance		I	7		Yes	No
па	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		/	-		
	If there are material differences in voting rights among members of the governing body, or if the governing						
L	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.	4		4			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	 	4	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				•		х
~	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the				2		
3							x
4			- filod2		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization have members or stockholders?				6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	-					v
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						v
•	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				•	v	
a	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						v
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			Y.	
10-	Did the eventimation have least shortens, humaning an efficience				40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?				<u>10a</u>		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch				104		
			a filiaa tha		10b	х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ Delor	e ming the	IOTTI?	<u>11a</u>		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				10-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			10-	х	
	on Schedule O how this was done				12c		
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	n ya n	pendent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45-		v
a	The organization's CEO, Executive Director, or top management official				15a		X X
b	Other officers or key employees of the organization				15b		~
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen				40		v
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		•	1			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
800	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed <u>KY</u>	1.0-	T ();	F04 () (=)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	- I (section	501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest p	olicy, and	I financ	cial	
	statements available to the public during the tax year.						

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	MATTHEW BACON - 502-585-4649

325 WEST MAIN STREET, SUITE 1110, LOUISVILLE, KY 40202

THE	REAL	ESTATE	LEGACY	FOUNDATION	OF
KENT	UCKY.	TNC			

Form 990 (2		KENTUCKY					26-2
Part VII	Compensation	of Officers, I	Directors,	Trustees,	Key Employees,	Highest (Compensated
	Employees, an	d Independer	nt Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do		Pos	itior		ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ot check more than one inless person is both an r and a director/trustee)		n an	compensation	compensation	amount of	
	week		cer an I	id a d	director/trustee)		tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	istee	truste		Ð	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ual tru	onal		ploye	ee com		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RON GALLO	0.10		=	0	×	Ξæ	<u> </u>			
PRESIDENT	49.90	х		x				0.	311,423.	9,223.
(2) MATT BACON	0.10									
TREASURER	49.90	Х		Х				0.	199,939.	18,779.
(3) HEATHER CASH	0.10									
DIRECTOR	49.90	Х						0.	136,257.	13,866.
(4) KRIS SIRCHIO	0.10									
DIRECTOR		Х						0.	0.	0.
(5) DAVID TACHAU	0.10									
CHAIR	6.00	Х		х				0.	0.	0.
(6) LIZ FUST	0.10									
VICE CHAIR	5.00	Х		х				0.	0.	0.
(7) DEBORAH WILLIAMS	0.10									
SECRETARY	6.00	Х		х				0.	0.	0.
						<u> </u>				
		1								
						<u> </u>				
		•								

	THE REAL		LE	GA	CY	F	UO	ND	DATION OF					•
Form 9 Part	90 (2022) KENTUCKY ,							_		26-2	4170	672	F	Page 8
Part	Section A. Onicers, Directors, Trus		oloy I	ees,			ghes	st C		, ,				
	(A) Name and title	(B) Average hours per week (list any	box offi	not c , unle	Pos heck	more rson i	than of than of is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on d	an	(F) timat nount other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org and	pensa om th aniza d rela anizat	ne tion ted
1b \$	iubtotal		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		0.	647,6		4	1,8	68.
c 1	otal from continuation sheets to Part VI	, Section A							0.		0.			0.
2 1	otal number of individuals (including but n	ot limited to th) wh	o re	0 • eceived more than \$100,	647,63 000 of reportable		4	1,8	68.
	ompensation from the organization												Yes	0 No
3 [Did the organization list any former officer,	director, trust	ee, k	key e	empl	oye	e, or	hig	hest compensated emp	loyee on	[
	ne 1a? If "Yes," complete Schedule J for se											3		X
	or any individual listed on line 1a, is the su												v	
	nd related organizations greater than \$150 Did any person listed on line 1a receive or a											4	X	
	endered to the organization? If "Yes," com											5		x
	on B. Independent Contractors													
	Complete this table for your five highest con ne organization. Report compensation for t										oensat	ion fro	m	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	services	С	(C ompe		on
	atal number of independent centre to a "		ot 11			th				are then				
	otal number of independent contractors (ir 100.000 of compensation from the organiz		JUIN	me	י נס	tnos (rea	abovej who received m	มาย แทยไท				

THE REAL ESTATE LEGACY FOUNDATION OF KENTUCKY, INC.

Ра	rt V	/111							
			Check if Schedule O contains a respo	nse	or note to any line		(D)	(0)	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
									sections 512 - 514
र इ	1	а	Federated campaigns						
un a		b	Membership dues 1b						
٥Ë			Fundraising events 1c						
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d						
ع انق			Government grants (contributions) 1e						
ŝ			All other contributions, gifts, grants, and						
her			similar amounts not included above 1f						
ġđ		a	Noncash contributions included in lines 1a-1f	6					
Con		-	Total. Add lines 1a-1f						
0.0					Business Code				
đ	2	а							
vice	~	b							
Ser		c							
ĒŠ		d							
gra Re		e							
Program Service Revenue			All other program service revenue						
_			Total. Add lines 2a-2f						
	3		Investment income (including dividends, in						
	Ŭ		other similar amounts)						
	4		Income from investment of tax-exempt bo						
	- 5		Royalties	•	1				
	5		(i) Real		(ii) Personal				
	6	~							
	0		Less: rental expenses 6b						
			Rental income or (loss) 6c						
	7		Net rental income or (loss) Gross amount from sales of (i) Securit		(ii) Other				
	'	а		103					
		I -	assets other than inventory 7a						
đ		D	Less: cost or other basis						
nu			and sales expenses 7b Gain or (loss) 7c						
Revenue			. ,						
er B	~		Net gain or (loss)						
Othe	8	а	Gross income from fundraising events (not including \$ of						
0			0						
			contributions reported on line 1c). See						
			Part IV, line 18	8a					
			Less: direct expenses	8b					
			Net income or (loss) from fundraising even						
	9	а	Gross income from gaming activities. See						
			Part IV, line 19	9a					
			Less: direct expenses	9b					
			Net income or (loss) from gaming activities	s					
	10	а	Gross sales of inventory, less returns	10					
			and allowances	10a					
			Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of inventor	ry	Business Code				
sr		~			Business Code				
leor	11								<u> </u>
Miscellaneous Revenue		b							
Sce.		c							<u> </u>
Mix			All other revenue						
			Total. Add lines 11a-11d				^	0	
	12		Total revenue. See instructions			0.	0.	0.	0.

Form 990 (2022)

THE REAL ESTATE LEGACY FOUNDATION OF KENTICKY TNC

Form 990 (2022) THE REAL EST KENTUCKY, IN	ATE LEGACY F	OUNDATION OF		17672 Page 10
Part IX Statement of Functional Expense			20 24	
ection 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must coi	mplete column (A).	
Check if Schedule O contains a response				
Do not include amounts reported on lines 6b, 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 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
0 Payroll taxes				
1 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch 0.)				
2 Advertising and promotion				
Office expenses Information technology				
Information technology Society Structure				
6 Occupancy				
7 Travel				
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings				
0 Interest				
1 Payments to affiliates				
2 Depreciation, depletion, and amortization				
3 Insurance				
4 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a				
b				
c				
d				
e All other expenses 5 Total functional expenses. Add lines 1 through 24e	0.	0.	0.	0.
6 Joint costs. Complete this line only if the organization	•	0.		0.
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2023

orm	990	(2022)	

THE REAL ESTATE LEGACY FOUNDATION OF KENTUCKY, INC.

	rt X	Balance Sheet			20	
		Check if Schedule O contains a response or note	to any line in this Part X			
		oneck in Schedule O contains a response of note		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or fe	ormer officer, director,			
		trustee, key employee, creator or founder, substa	ntial contributor, or 35%			
		controlled entity or family member of any of these	persons		5	
	6	Loans and other receivables from other disqualifie	ed persons (as defined			
		under section 4958(f)(1)), and persons described i	n section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	_			9	
	10a	Land, buildings, and equipment: cost or other	1 [
		basis. Complete Part VI of Schedule D	10a 900,000.			
	b		10b	1,200,000.	10c	900,000.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			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		1,200,000.	16	900,000.
	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 Pa			21	
ŝ	22	Loans and other payables to any current or forme	r officer, director,			
litie		trustee, key employee, creator or founder, substa	ntial contributor, or 35%			
Liabilities		controlled entity or family member of any of these	persons		22	
Ë	23	Secured mortgages and notes payable to unrelate	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated t	third parties		24	
	25	Other liabilities (including federal income tax, paya	ables to related third			
		parties, and other liabilities not included on lines 1	7-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow FASB ASC 958, check	k here X			
ces		and complete lines 27, 28, 32, and 33.				
aŭ	27	Net assets without donor restrictions			27	
Ba	28	Net assets with donor restrictions	·····	1,200,000.	28	900,000.
pur		Organizations that do not follow FASB ASC 958	3, check here			
Ę		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equ	ipment fund		30	
As	31	Retained earnings, endowment, accumulated inco	ome, or other funds		31	
Net	32	Total net assets or fund balances		1,200,000.	32	900,000.
	33	Total liabilities and net assets/fund balances		1,200,000.	33	900,000.

Form **990** (2022)

THE	REAL	ESTATE	LEGACY	FOUNDATION	OF
KEN	FUCKY.	INC.			

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total expenses (must equal Part VIII, column (A), line 12) 2 0. 2 Total expenses (must equal Part VII, column (A), line 25) 2 0. 3 0. 2 0.0 4 1, 200,000. 4 1, 200,000. 5 -300,000. 5 5 -300,000. 6 5 -300,000. 5 7 7 8 Prior period adjustments 6 - 9 Other changes in net assets or fund balances (explain on Schedule 0) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 0. 1 Other changes in net assets or fund balances (explain on Schedule 0) 9 0. 10 900,000. Part XII Financial Statements and Reporting X 1 Accounting method used to prepare the Form 90: Cash Acrual Other 1 Accounting method used to prepare the Form 90: Cash Acrual Other		990 (2022) KENTUCKY, INC.	26-2	2417672	Pag	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 0. 2 Total expenses (must equal Part IX, column (A), line 25) 3 0. 3 0. 3 0. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,200,000. 5 Net unrealized gains (losses) on investments 5 -300,000. 6 0 6 7 7 7 7 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 900,000. 9 0. 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 900,000. 9 0. 9 0. 10 900,000. 9 0. 9 0. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 0. 3 Revenue less expenses. Subtract line 2 from line 1 3 0. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 200, 000. 5 -300, 000. 5 -300, 000. 6 6 6 - 6 7 8 Prior period adjustments 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 900, 000. 9 0. Part XII Financial Statements and Reporting X column (B) Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za X If "Yes," check a tox below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Za X		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 0. 3 Revenue less expenses. Subtract line 2 from line 1 3 0. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 200, 000. 5 -300, 000. 5 -300, 000. 6 6 6 - 6 7 8 Prior period adjustments 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 900, 000. 9 0. Part XII Financial Statements and Reporting X column (B) Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za X If "Yes," check a tox below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Za X						
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4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 200, 000. 5 -300, 000. 6 5 -300, 000. 6 7 Investment expenses 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 9 0. 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 9 0. 9 0. 9 0. 9 0.	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 5 -300,000. 6 Donated services and use of facilities 6 7	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 900,000. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 16 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2a X 16 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 16 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 16 "Yes," check a box below to indicate whether the financial statements	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X X Yes No 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis <p< th=""><td>5</td><td>Net unrealized gains (losses) on investments</td><td>5</td><td>-300</td><td>),00</td><td>00.</td></p<>	5	Net unrealized gains (losses) on investments	5	-300),00	00.
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X X Yes No 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, or both: Separate basis <p< th=""><td>6</td><td>Donated services and use of facilities</td><td>6</td><td></td><td></td><td></td></p<>	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 900,000. Part XII Financial Statements and Reporting 10 Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 2a Were the organization s financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of	7		7			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 900,000. Part XII Financial Statements and Reporting 10 Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 2a Were the organization s financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of	8	Prior period adjustments	8			
column (B) 10 900,000. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 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 on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	9		9			0.
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1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Construction of the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis X Consolidated basis Both consolidated and separate basis 2b X If "Yes," to kine 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organizatio		Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis If "Yes," the check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					Yes	No
2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2a X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis, or both: Im		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Separate basis X If "Yes," the ck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
 Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis<td></td><td>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed</td><td>on a</td><td></td><td></td><td></td>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis X X X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the X		separate basis, consolidated basis, or both:				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basi		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Construction of a federal award, was the organization required to undergo an audit or audits as set forth in the Image: Construction of the construction of t	b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
 Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2 X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 2 X		consolidated basis, or both:				
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		Separate basis X Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3</u> a		Х
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits						

Form **990** (2022)

(Form 9	DULE A 190) of the Treasury enue Service	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.							OMB No. 1545-0047 2022 Open to Public Inspection
Name of	the organization			E LEGACY FOUN	IDATIC	ON OF			identification number
Dort I	Boscon		UCKY, INC.	(All					6-2417672
Part I				All organizations must c			ee instruction	IS.	
1 2 3 4	A church, cor A school des A hospital or	nvention of chi cribed in sect i a cooperative earch organiza	urches, or association ion 170(b)(1)(A)(ii). (/ hospital service orga	For lines 1 through 12, cl n of churches described Attach Schedule E (Form nization described in se njunction with a hospital	in sectio 1 990).) ection 170	on 170(b)(1 (b)(1)(A)(ii	i).)(iii). Enter	the hospital's name,
5	An organizati	on operated fo	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
	section 170	b)(1)(A)(iv). (C	Complete Part II.)						
6 7 8	An organizati	on that norma b)(1)(A)(vi). (C	lly receives a substar omplete Part II.)	nental unit described in s ntial part of its support fr 1)(A)(vi). (Complete Part	om a gove			ne general į	public described in
9	1			in section 170(b)(1)(A)(i	,	ed in conju	nction with a	land-grant	college
	Ũ			ulture (see instructions).	· ·			°,	•
10	An organizati	ted to its exem	npt functions, subject	than 33 1/3% of its supp t to certain exceptions; a (less section 511 tax) fro	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
	See section	5 09(a)(2). (Cor	mplete Part III.)						
11 12 _X	An organizati more publicly	on organized a supported or	and operated exclusion ganizations described	vely to test for public saf vely for the benefit of, to d in section 509(a)(1) o	perform t r section	he functior 509(a)(2) .	ns of, or to ca See section	509(a)(3).	
• [-	• •	supporting organization				-	airtina
a 🗳				upervised, or controlled l					
		-		gularly appoint or elect a	majority d	or the direc	tors or truste	es or the st	ipporting
ь Г	_ ~		complete Part IV, Se	or controlled in connect	ion with it	oupporto	d organizatio	n(a) by bay	ina
b _							0		•
		-	t complete Part IV,	anization vested in the sa	ame perso	ns that coi	ILFOI OF MANA	ge the supp	Joned
c [Type III fur	ctionally inte	grated. A supporting	g organization operated i				lly integrate	ed with,
		-		. You must complete F				ted everes:	
d 🗌		-	• · ·	orting organization operation				•	
		-		ation generally must sati	•		-	anallenin	/eness
• [-			nplete Part IV, Sections					
e 🗳		•		vritten determination from nally integrated supportir			турет, туре	п, туре ш	
f En	ter the number of								1
			about the supported	d organization(s)					
	(i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount o	f monetary	(vi) Amount of other
	organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
COMM	JNITY								
FOUNI	DATION O	F LOUIS	31-0997017	7	x			Ο.	0.
									ļ
Total								0.	0.

	THE REAL	ESTATE	LEGACY	FOUNDATION	OF					
Schedule A (Form 990) 2022	KENTUCKY	, INC.			26-2417672	Page 2				
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 fails to qualify under the tests			•	on failed to qualify	under Part III. If the	organization
50	ction A. Public Support			,			
		() 0010	(1) 0010	() 0000	(1) 0001	() 0000	(0, 7, 1, 1,
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
'	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
0	Tax revenues levied for the organ-						
2	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4							
	Total. Add lines 1 through 3 The portion of total contributions						
5	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.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		_				
	Gross receipts from related activities,	etc. (see instruction	ns)			12	
	First 5 years. If the Form 990 is for th		,	fourth, or fifth tax	vear as a section !	· · · ·	
	organization, check this box and stor						
Se	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	ו			
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on				
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not				
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop h	ere. Explain in Parl	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a p	ublicly supported	organization	C C	
b	0 10% -facts-and-circumstances test	-			•	17a, and line 15 is	10% or
	more, and if the organization meets th	e e					
	organization meets the facts-and-circu				• •		
18	Private foundation. If the organization		•	•			· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990) 2022

THE REAL ESTATE LEGACY FOUNDATION OF	THE	REAL	ESTATE	LEGACY	FOUNDATION	OF
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Schedule A (Form 990) 2022

26-2417672 Page 3

Part III	Support Schedule for	Organizations I	Described in S	Section 509(a)(2)
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INC.

KENTUCKY,

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
-							
Э	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
8	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support			_			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	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 on line 10b, whether or not the business is regularly carried on						
	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.)	L			1	L	
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organi	zation,
0.0							
	ction C. Computation of Publi						
	Public support percentage for 2022 (I	, (,,	, ,	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves		•				
17	Investment income percentage for 20			ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						ne 17 is not
Ł	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	-	-				
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

THE REAL ESTATE LEGACY FOUNDATION OF KENTUCKY, INC.

Schedule A (Form 990) 2022

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Х 1 Х 2 х 3a 3b 3c Х 4a 4b 4c Х 5a 5b 5c х 6 Х 7 х 8 х 9a Х 9b Х 9c Х 10a 10b

Yes

No

Sche		26-241767	2 Ра	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		X
	A family member of a person described on line 11a above?	11b		X
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		X
Sec	stion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	ficers,		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		X
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions).		
a				
b				
c		ity (see instruction	· .	Na
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
	that these activities constituted substantially all of its activities.	Zd		L

b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in
	these activities but for the organization's involvement.

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2b

3a

	THE REAL ESTATE LEGACY F	OUNE	DATION OF	
	edule A (Form 990) 2022 KENTUCKY, INC.	_		26-2417672 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting o	rganization (see

instructions).

Schedule A (Form 990) 2022

26-2417672 _{Pa}	ge 7
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_	dule A (Form 990) 2022 KENTUCKY, INC			2	6-2417672 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	(1)	(::)	10	(:::)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022			ESTATE INC.	LEGACY	FOUNDATI	ON OF	26-2417672 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	nation. 2, 3b, 3c, ines 2 and	Provide 4b, 4c, 3; Part	the explanation 5a, 6, 9a, 9b, IV, Section E,	9c, 11a, 11b, lines 1c, 2a, 2	and 11c; Part IV, 2b, 3a, and 3b; Pa	Section B, lines art V, line 1; Part	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

60	HEDULE D	S	upplemen	ntal F	inancia	I S	tatement	S		Ļ	OMB No. 15	545-0047
	n 990)		omplete if the or								201	77
•	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Department of the Treasury Attach to Form 990.							Open to	- L			
	ment of the Treasury I Revenue Service	Go to ww	ww.irs.gov/Form				he latest inform	ation.			Inspecti	
Nam	e of the organizati	KENTUCKY	, INC.							20	identification 6 - 24176	72
Pa		ations Maintaining			nds or Oth	ner S	Similar Funds	s or Ac	coun	i ts. (Complete if th	ne
	organizatio	n answered "Yes" on F	orm 990, Part IV,	, line 6.								
					(a) Donor a	advise	ed funds	(b) Fun	ds and	l other accou	ints
1		nd of year										
2		f contributions to (durin										
3		f grants from (during ye										
4 5		t end of year					ald in donor advi	L cod fund				
5	-	n's property, subject to		-	-						Yes	No
6		on inform all grantees, o										
Ū	•	oses and not for the be			•	•						
		ate benefit?					,		•		Yes	No
Pa		ation Easements.										
1	Purpose(s) of cons	ervation easements he	eld by the organization	ation (ch	neck all that a	pply).						
	Preservation	of land for public use	(for example, recr	reation o	or education)		Preservation o	of a histo	rically	import	ant land area	1
	Protection o	f natural habitat					Preservation o	of a certif	fied his	storic s	tructure	
	Preservation	of open space										
2		through 2d if the orgar	nization held a qu	ualified co	onservation co	ontrib	oution in the form	of a cor	nserva			
	day of the tax year									Held a	it the End of th	e Tax Year
а	Total number of co	onservation easements							2a			
b	•	ricted by conservation of							2b			
C		vation easements on a							2c			
d		vation easements inclu	., .									
•		sted in the National Re							2d	al contra ac	41	
3		vation easements modi	med, transferred,	released	a, extinguisne	a, or i	terminated by the	e organiz	zation	auring	the tax	
4	year	where property subject	to conservation (easemer	nt is located							
5		tion have a written poli				nspect	tion, handling of	-				
Ū		orcement of the conser			-						Yes	No
6	,	r hours devoted to mor										ear
7	Amount of expens	es incurred in monitorir	ng, inspecting, ha	andling o	of violations, a	ind en	nforcing conserva	ation eas	sement	ts durir	ng the year	
8		vation easement report			•							
	and section 170(h)										Yes	└── No
9		be how the organization	-				-				h	
		d include, if applicable,		otnote to	o the organiza	ation's	s financial statem	ients tha	at desc	ribes t	ne	
Pa	rt III Organiza	ounting for conservatio ations Maintaining	a Collections	of Art	. Historica	l Tre	asures. or O	ther S	imila	r Ass	ets.	
		the organization answ					,					
1a		elected, as permitted u					enue statement	and bala	ince sh	neet wa	orks	
	U U	easures, or other similar			•							
		Part XIII the text of the	•		-							
b		elected, as permitted u							sheet	works	of	
	art, historical treas	ures, or other similar as	ssets held for put	blic exhit	bition, educat	ion, o	r research in furt	herance	of put	olic ser	vice,	
	provide the followi	ng amounts relating to	these items:									
	(i) Revenue inclu	ded on Form 990, Part	VIII, line 1							\$		
	(ii) Assets include	ed in Form 990, Part X								\$		
2	If the organization	received or held works	of art, historical t	treasure	s, or other sin	nilar a	ssets for financia	al gain, p	provide	;		
	-	unts required to be repo			-							
а		on Form 990, Part VIII,								\$		
		Form 990, Part X				<u></u>				\$		
LHA	For Paperwork R	eduction Act Notice, s	see the Instruction	ons for F	Form 990.					Sched	lule D (Form	990) 2022

232051 09-01-22

		L ESTATE	LEGAC	Y FOUN	DATION C	ΟF	~	< 0.4	1		•
	dule D (Form 990) 2022 KENTUCK					Oth and	<u>Z</u>	6-24	<u>17672</u>	P	age Z
Par	t III Organizations Maintaining C								(continu	ued)	
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other reco	rds, check	any of the	following that r	nake sigr	nificant us	e of its			
а			d 🗌	I oan or exc	hange progran	n					
b	Scholarly research				inange pregram						
c	Preservation for future generations		•								
4	Provide a description of the organization's co	ollections and expl	ain how th	ev further th	ne organization	's exemn	nt nurnose	in Part	XIII		
5	During the year, did the organization solicit o								//iii.		
U	to be sold to raise funds rather than to be ma				-				Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			organizatio	in answered in	63 0111	0111 330,	r art iv, i	ine 3, 0i		
10	Is the organization an agent, trustee, custodi		odian/for/	contribution	s or other asso	te not inc	aludad				
Id			-						Yes		No
h	on Form 990, Part X?							∟			
b	in res, explain the arrangement in Part XIII	and complete the	ionowing t	able.					Amount		
	De sinsis a la dese								Amount		
	Beginning balance										
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1 f		7		-
	Did the organization include an amount on F						?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i								() -		
		(a) Current year	(b) ⊦	rior year	(c) Two years	back (c	i) Three ye	ars back			
	Beginning of year balance		_						3,	596,	500.
b	Contributions		_								
С	Net investment earnings, gains, and losses										
d	Grants or scholarships								З,	596,	500.
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balar	nce (line 10	a. column (a)) held as:						
а	Board designated or quasi-endowment	.0000	%								
b	Permanent endowment .0000	%									
c	Term endowment .0000										
Ū	The percentages on lines 2a, 2b, and 2c sho	•									
39	Are there endowment funds not in the posse		ization tha	t are held ar	nd administere	d for the					
ou	organization by:	SSION OF THE Organ							Г	Yes	No
	(i) Unrelated organizations								3a(i)		
									3a(ii)		<u> </u>
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza										
									3b		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		Jowment	unas.							
I UI	Complete if the organization answere		00 Part IV	/ line 112 S	See Form 990	Dart V lin	oo 10				
								.			
	Description of property	(a) Cost o basis (inve		. ,	t or other (other)		cumulated	1	(d) Book	vaiu	е
<u> </u>			sineny		, ,	uepi	eciation		0.0.0	0	00
	Land			90	0,000.				900	, 0	00.
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										0.0
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pa	rt X, colun	nn (B), line 1	0c.)						00.
							S	chedule	D (Form	990)	2022

THE REAL	STATE	LEGACY	FOUNDATION	OF
KENTTICKY				

	(Form 990) 2022 KENTUCKY, I	NC.	2	6-2417672 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financi	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990. Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
(1)	(-)	(
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(7)				
(8)				
(9)	h) much annal Farm 000. Dant V. aal. (D) ling 10.)			
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
i art i/	Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
		Description		(b) Book value
(1)	(-)			
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>	(1) · · · · · · · · · · · · · · · · · · ·			
Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	e 15.)		
TartA	Complete if the organization answered "Yes"	on Form 000 Dart IV/ line	110 or 11f Soo Form 000 Dort X line C	5
	(a) Description of liability	on Form 330, Fait IV, line	The of Th. See Form 390, Fart X, line 2	(b) Book value
<u>1.</u>	·· · ·			
	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	<u>ımn (b) must equal Form 990, Part X, col. (B) line</u>	25.)		

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

X

THE	REAL	ESTATE	LEGACY	FOUNDATION	OF

Sche	dule D (Form 990) 2022 KENTUCKY, INC.		26-2417672 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	•	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	<u>2</u> a	
b	Prior year adjustments	2b	
С	Other losses		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)	
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE INTENDED USE OF THE ENDOWMENT FUND IS TO HOLD GIFTS OF REAL ESTATE.

ONCE THE REAL ESTATE IS SOLD, THE CASH WILL BE TRANSFERRED TO THE

COMMUNITY FOUNDATION OF LOUISVILLE, INC. AND HELD IN ITS ENDOWMENT FUND.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE (CODE). ADDITIONALLY, THE FOUNDATION HAS BEEN

DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION

WITHIN THE CONTEXT OF SECTION 509(A) OF THE CODE.

THE REAL ESTATE LEGACY FOUNDATION OF Schedule D (Form 990) 2022 KENTUCKY, INC. 26-2417672 Page 5 Part XIII Supplemental Information (continued) Continued) Continued
USING THE "MORE-LIKELY-THAN-NOT" APPROACH AS DEFINED IN THE ASC. NO
LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN RECORDED IN THE
ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

sc	HEDULE J	Compensation Information	ОМ	B No. 1545-0	047
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2022	2
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		2024	L
Depa	tment of the Treasury	Attach to Form 990.		en to Pul	
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		nspectio	
Nan	ne of the organizatior		Employer identif		umber
De	rt I Question	KENTUCKY, INC. s Regarding Compensation	26-2417	672	
Fd		s Regarding Compensation			
4.	Check the energy	ate her/(es) if the exception provided any of the following to as fer a nerson listed on Form		Yes	s No
a		ate box(es) if the organization provided any of the following to or for a person listed on Form the complete Part III to provide any relevant information recording these items	<i>3</i> 90,		
	First-class or c	line 1a. Complete Part III to provide any relevant information regarding these items. harter travel Housing allowance or residence for persor			
	Travel for com				
		ation and gross-up payments Health or social club dues or initiation fees			
		spending account			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or			
	-	rovision of all of the expenses described above? If "No," complete Part III to explain		1b	
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,		1.0	
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	
		-,			
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's			
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization			
		ation of the CEO/Executive Director, but explain in Part III.			
	Compensation	committee Written employment contract			
	Independent c	ompensation consultant Compensation survey or study			
		ther organizations Approval by the board or compensation of	ommittee		
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a re	lated organization:			
а	Receive a severanc	e payment or change-of-control payment?	····· _	4a	X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?	·····	4b	X
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c	X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n l		
	contingent on the re			_	v
				5a	X
b	Any related organiz		·····	5b	X
~		r 5b, describe in Part III.			
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ו		
-	contingent on the n			60	x
				6a	X
U	Any related organiz	ation? r 6b, describe in Part III.		6b	
7					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments les 5 and 6? If "Yes," describe in Part III		7	x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th		-	23
0	-			8	X
9		d the organization also follow the rebuttable presumption procedure described in		5	
5		1 53.4958-6(c)?		9	
I HA		eduction Act Notice, see the Instructions for Form 990.	Schedule J		0) 2022
			Seriodalo U		-,

Schedule J (Form 990) 2022

KENTUCKY, INC.

26-2417672

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RON GALLO	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT	(ii)	311,423.	0.	0.	8,536.	687.	320,646.	0.
(2) MATT BACON	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER	(ii)	199,939.	0.	0.	5,782.	12,997.	218,718.	0.
(3) HEATHER CASH	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	136,257.	0.	0.	4,217.	9,649.	150,123.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

PART I, LINE 3:

THE RELATED ORGANIZATION USES THE FOLLOWING TO ESTABLISH COMPENSATION OF

THE CEO/EXECUTIVE DIRECTOR:

- HUMAN RESOURCES COMMITTEE

- FORM 990 OF OTHER ORGANIZATIONS

- COMPENSATION SURVEY OR STUDY

- APPROVAL BY THE BOARD OR HUMAN RESOURCES COMMITTEE

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. THE REAL ESTATE LEGACY FOUNDATION OF



Employer identification number 26-2417672

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

KENTUCKY,

INC.

A DRAFT OF THE RETURN IS REVIEWED FIRST BY INTERNAL MANAGEMENT. AFTER

INTERNAL MANAGEMENT HAS REVIEWED THE RETURN AND ANY CHANGES ARE MADE A

DRAFT IS PROVIDED TO THE FINANCE COMMITTEE FOR REVIEW AND A COPY IS

PROVIDED TO THE ENTIRE BOARD. ONCE THE COMMENTS FROM THE BOARD ARE REVIEWED

THE FINAL DRAFT OF THE RETURN IS PREPARED AND SIGNED BY THE CFO.

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

OFFICERS, DIRECTORS AND KEY EMPLOYEES MAY NOT ENGAGE IN ACTIVITIES THAT

MIGHT INTERFERE WITH THE DISCHARGE OF THEIR RESPONSIBILITY OR IN

TRANSACTIONS THAT REASONABLY MIGHT AFFECT THE JUDGMENT EXERCISE ON BEHALF

OF THE ORGANIZATION. IF THERE HAVE BEEN ANY CHANGES THAT MAY BE A POTENTIAL

CONFLICT OF INTEREST, INDIVIDUALS SHOULD NOTIFY THE PRESIDENT & CEO.

OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO READ AND SIGN A CONFLICT OF INTEREST DISCLOSURE FORM FROM TIME TO TIME WHICH THE ORGANIZATION WILL KEEP ON FILE.

OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE EXPECTED AT ALL TIMES TO USE GOOD JUDGMENT AND TO ADHERE TO HIGH ETHICAL STANDARDS. IN DOING SO, THEY WILL CONDUCT THEIR AFFAIRS IN SUCH A MANNER AS TO AVOID ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST.

 THE ORGANIZATION BELIEVES THAT ITS OFFICERS, DIRECTORS AND KEY EMPLOYEES

 SHOULD NOT BE INHIBITED SOLELY BECAUSE OF POTENTIAL CONFLICTS OF INTEREST.

 IN FACT, THE ORGANIZATION BELIEVES THAT CONFLICTS OF INTEREST CAN BEST BE

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

 232211
 10-28-22

Schedule O (Form 990) 2022 Page 2									
Name of the organization	THE	REAL	ESTATE	LEGACY	FOUNDATION	OF	Employer identification number		
	KEN	FUCKY	, INC.				26-2417672		

HANDLED THROUGH FULL DISCLOSURE OF SUCH INTERESTS, TOGETHER WITH

NONINVOLVEMENT IN ANY VOTE WHERE SUCH A CONFLICT EXISTS.

EACH OFFICER, DIRECTOR AND KEY EMPLOYEE IS REQUESTED TO PROVIDE ANNUALLY TO THE PRESIDENT OF CFL A LIST OF OFFICES AND DIRECTORSHIPS HE OR SHE HOLDS IN CHARITABLE AND BUSINESS ORGANIZATIONS, AND TO IDENTIFY HIS OR HER PLACE OF EMPLOYMENT OR PRINCIPAL BUSINESS ACTIVITY.

OFFICERS, DIRECTORS AND KEY EMPLOYEES SHOULD DISCLOSE A CONFLICT OF

INTEREST:

- PRIOR TO VOTING ON OR OTHERWISE DISCHARGING HIS OR HER DUTIES.

- PRIOR TO ENTERING INTO ANY CONTRACT WHICH COMES BEFORE THE BOARD OR ANY COMMITTEE;

- AS SOON AS POSSIBLE AFTER THE INDIVIDUAL LEARNS OF A CONFLICT OF INTEREST IN ANY OTHER CONTEXT.

DISCLOSURES SHOULD BE MADE TO THE BOARD CHAIR, PRESIDENT OF CFL, OR IN THE CASE OF A COMMITTEE, TO THE CHAIRPERSON OF THAT COMMITTEE. THE MINUTES OF THE MEETING SHOULD REFLECT THAT APPROPRIATE DISCLOSURE WAS MADE, AND THAT THE INTERESTED PARTY ABSTAINED FROM VOTING.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION DOES NOT HAVE ANY EMPLOYEES CURRENTLY; HOWEVER, THEY

FOLLOW THE POLICIES AND PROCEDURES FOR DETERMINING COMPENSATION AS

ESTABLISHED BY THE COMMUNITY FOUNDATION OF LOUISVILLE, INC. THE COMMUNITY

FOUNDATION OF LOUISVILLE, INC. HAS A HUMAN RESOURCES COMMITTEE THAT

ANNUALLY REVIEWS INDUSTRY SURVEY INFORMATION TO DETERMINE A FAIR AND

REASONABLE COMPENSATION FOR THE OFFICERS AND KEY EMPLOYEES. THE PRESIDENT'S 232212 10-28-22 Schedule O (Form 990) 2022

Schedule O (Form 990) 20	22			Page 2
Name of the organization	THE REAL ESTA KENTUCKY, INC	FOUNDATION	OF	Employer identification number $26-2417672$

AND OFFICERS' COMPENSATION IS THEN APPROVED BY THE HUMAN RESOURCES

COMMITTEE. COMPENSATION FOR ALL EMPLOYEES IS APPROVED BY THE HUMAN

RESOURCES COMMITTEE AND BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS, CONFLICT OF INTEREST

POLICY, AND GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PAGE 12, PART XII LINE 2C

THE REAL ESTATE LEGACY FOUNDATION OF KENTUCKY, INC. IS AUDITED AS PART

OF THE COMMUNITY FOUNDATION OF LOUISVILLE, INC. COMBINED GROUP. THE

REAL ESTATE LEGACY FOUNDATION OF KENTUCKY, INC. IS INCLUDED IN THE

COMMUNITY FOUNDATION OF LOUISVILLE, INC. AND AFFILIATES COMBINED

FINANCIAL STATEMENTS.

THE COMMUNITY FOUNDATION OF LOUISVILLE, INC. HAS AN AUDIT/FINANCE <u>COMMITTEE THAT OVERSEES THE AUDIT OF THE FINANCIAL STATEMENTS AND THE</u> SELECTION OF THE INDEPENDENT AUDITOR FOR THE COMBINED GROUP.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Comple	Related Organizations ete if the organization answered "Y Attac Go to www.irs.gov/Form990 fo	'es" on Form 990, Part IV, lir ch to Form 990.	ne 33, 34, 35b, 36	, or 37.				MB No. 1545 202 pen to Pi Inspecti	2 ublic
Name of the organization	THE REAL ESTAT KENTUCKY, INC.	E LEGACY FOUNDATIO						loyer identifi 6-24176	cation nι	
Part I Identification of		te if the organization answered "Yes"	on Form 990, Part IV, line 3	3.			•			
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state c foreign country)	or (d) Total inco	ome	(e) ne End-of-year ass		ssets Direct o)
		-								
		-								
	of Related Tax-Exempt Organiza	tions. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, I	because	e it had one o	r more re	elated tax-exe	mpt	
Name, a	(a) address, and EIN ed organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section		(e) lic charity s (if section		(f) controlling entity		g) 512(b)(13) rolled ity?
	5		loreign country)			01(c)(3))		,	Yes	No
THE COMMUNITY FOUNDA DEPOSITORY - 31-1140 SUITE 1110, LOUISVIL	0889, 325 W. MAIN STREET,	FACILITATE INDIVIDUAL DONORS' CHARITABLE GIVING	KENTUCKY	501(C)(3)	7	F	OMMUNIT OUNDATI OUISVII			x
THE COMMUNITY FOUNDA	,	FACILITATE INDIVIDUAL				с	OMMUNI' OUNDATI	ΓY		
MAIN STREET, SUITE 1 FELIX E. MARTIN JR.	.110, LOUISVILLE, KY	DONORS' CHARITABLE GIVING	KENTUCKY	501(C)(3)	7	г		LLE, INC.		x
	AIN STREET, SUITE 1110,	ORGANIZATION - MAINTAIN AND RECEIVE CONTRIBUTIONS	KENTUCKY	501(C)(3)	11 ТҮ	F	OUNDATI			x
	MAIN STREET, SUITE	FACILITATE INDIVIDUAL DONORS' CHARITABLE GIVING	KENTUCKY	501(C)(3)	7	И	/A			x

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2022

Schedule R (Form 990)

KENTUCKY, INC.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section s contr organi:	rolled
				501(c)(3))		Yes	No
LOUISVILLE PRESERVATION FUND, INC	TYPE I SUPPORTING				COMMUNITY		
46-2871014, 323 W. BROADWAY, SUITE 700,	ORGANIZATION - MAINTAIN				FOUNDATION OF		
LOUISVILLE, KY 40202	AND RECEIVE CONTRIBUTIONS	KENTUCKY	501(C)(3)	11 TYPE I	LOUISVILLE, INC.		х
					,		
						+	

Schedule R (Form 990) 2022 KENTUCKY, INC.

26-2417672 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportiona allocations?			Genera manag partn	^{ll or} Percentage ^{jing} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
											<u> </u>
	1										
	1	1	1			1		I	1		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)		or addy		400010		Yes	No
									<u> </u>
									\square

THE REAL ESTATE LEGACY FOUNDATION OF KENTUCKY, INC.

Schedule R (F	Form 990)) 2022	ΚE
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.								
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.								
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X				
	Gift, grant, or capital contribution to related organization(s)	1b		Х				
с	Gift, grant, or capital contribution from related organization(s)	1c		Х				
	Loans or loan guarantees to or for related organization(s)	1d		Х				
е	Loans or loan guarantees by related organization(s)	1e		Х				
f	Dividends from related organization(s)	1f		Х				
	Sale of assets to related organization(s)	1g		Х				
	Purchase of assets from related organization(s)	1h		Х				
i	Exchange of assets with related organization(s)	1i		Х				
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х				
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х				
m Performance of services or membership or fundraising solicitations by related organization(s)				Х				
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х					
	Sharing of paid employees with related organization(s)	10	Х					
р	Reimbursement paid to related organization(s) for expenses	1p		Х				
	Reimbursement paid by related organization(s) for expenses	1q		Х				
r	Other transfer of cash or property to related organization(s)	1r		Х				
s	Other transfer of cash or property from related organization(s)	1s		Х				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.							

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>				
(2)				
(3)				
<u>(4)</u>				
(5)				
_(6)				

Schedule R (Form 990) 2022 KENTUCKY, INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(o org:		(f) Share of total income	(g) Share of end-of-year assets	Dispr tior alloca	n) opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	(k) Percentage ownership					
		country	sections 512-514)	Yes	No	income	455615	Yes	No	(Form 1065)	Yes NC						
	· ·																

Schedule R (Form 990) 2022

THE REAL ESTATE LEGACY FOUNDATION OF KENTUCKY, INC.

Schedule R (Form 990) 2022 KENT
Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY

EIN: 61-1100993

325 W. MAIN STREET, SUITE 1110

LOUISVILLE, KY 40202