

**NEIGHBORHOOD DEVELOPMENT FUND  
Not-for-Profit Transmittal and Approval Form**

**received**  
7.15.14 @ 1:27

**Applicant/Program: Corinthian Development Corporation/ 4<sup>th</sup> Annual Community Unity Festival**

**Executive Summary of Request:**  
The annual Community Unity Festival is an effort to keep family in mind and create a positive environment for young people. The festival is free and open to the general public and provides games and activities for all ages. Additionally, this festival is an opportunity for families to receive free health screen, financial education and entertainment.

*Tracking #: NDF080614CDC*

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

4 District #      David Sandy / KK Primary Sponsor Signature      \$4,000 Amount      6/26/2014 Date

**Primary Sponsor Disclosure**  
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

N/A

**Approved by:**  
\_\_\_\_\_ Appropriations Committee Chairman \_\_\_\_\_ Date

**Clerk's Office Only:**  
Request Amount: \_\_\_\_\_ Committee Amended Appropriation: \_\_\_\_\_  
Original Appropriation: \_\_\_\_\_ Council Amended Appropriation: \_\_\_\_\_

**OFFICE OF METRO COUNCIL CLERK  
REVIEWED**

DATE \_\_\_\_\_ TIME \_\_\_\_\_



JUL 15 2014 PM 1:27 AC

### LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b>		<b>CORINTHIAN DEVELOPMENT CORPORATION</b>	
<i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 1916 W JEFFERSON ST LOUISVILLE KY 40203			
<b>Website:</b>			
<b>Applicant Contact:</b>	KIMBERLY SICKLES	<b>Title:</b>	EXECUTIVE DIRECTOR FOR COMMUNITY UNITY FESTIVAL
<b>Phone:</b>	502/592-5298	<b>Email:</b>	SICKESINCREALTY@BELLSOUTH.NET
<b>Financial Contact:</b>	KIMBERLY SICKLES	<b>Title:</b>	CORINTHIAN BAPTIST CHURCH TREASURER
<b>Phone:</b>	502/592-5298	<b>Email:</b>	SICKLESINCREALTY@BELLSOUTH.NET
<b>Organization's Representative who attended NDF Training:</b> KIMBERLY SICKLES			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	1916 W JEFFERSON ST LOUISVILLE KY 40203		
<b>Council District(s):</b>	DISTRICT 4	<b>Zip Code(s):</b>	40203
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> 4TH ANNUAL COMMUNITY UNITY FESTIVAL			
<b>Total Request: (\$)</b>	4000.00	<b>Total Metro Award (this program) in previous year: (\$)</b>	4000.00
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input type="checkbox"/> Staff including the 3 highest paid staff	
<b>For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.</b>			
<b>Source:</b>	METRO COUNCIL DISTRICT 4 (NDF)	<b>Amount: (\$)</b>	4000.00
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No			



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 3 – AGENCY DETAILS**

**Describe Agency's Vision, Mission and Services:**

**TO PROVIDE A SAFE PLACE FOR ORGANIZATIONS TO MEET, FACILITATE YOUR MENTORING PROGRAMS AND TO PROVIDE A FORUM FOR ECONOMIC DEVELOPMENT.**



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 4 – PROGRAM/PROJECT NARRATIVE

**A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):**

**THE COMMUNITY UNITY FESTIVAL (4TH ANNUAL)** The festival is open to the entire Louisville Metro Community. This venue will consist of rides/games (i.e. giant slide, inflatables, moon walk bouncies, twin spin, and much more) for all ages, free health screening, economic development opportunities through participative vendors, entertainment and much more. The Community Unity Festival is in efforts to keep the family in mind and keep our youth off the streets by giving them a fun filled outreach right in their community to be held on June 7, 2014 from 11a-6pm. This is an annual festival. We have applied and paid for the strett closure permit for 19th Street between Jefferson and Cedar Streets, in conjunction with the East and West sides of Green Alley. We look to receive this permit soon.

We have attached a proposal sheet from Adrenaline Force Amusements LLC and Games 2 U, as they are the companies we used during 2013 Community Unity Festival.

**B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):**

Rides	\$2500.00
games	\$ 400.00
supplies/shelter	\$ 500.00
arts/crafts	\$ 100.00
security	\$1000.00
advertisement	\$1500.00
equipment rental	\$ 500.00 (port-a-pots, eye catchers, generators, state and mics)



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**C: If this request is a fundraiser, please detail how the proceeds will be spent:**

**D: For Expenditure Reimbursement Only** – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served: WE WILL RANDOMLY SURVEY ATTENDEES, ASK QUESTIONS SUCH AS DID YOU LIKE THE FESTIVAL, WOULD YOU LIKE TO SEE IT HELD AGAIN, HOW SAFE DID YOU FEEL, WHAT COULD WE DO DIFFERENTLY? THEN TRANSFER TO WRITTEN RESPONSES AND USE AS A TOOL TO MEASURE OUR SUCCESS.**

**F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.**



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>			
<b>B: Rent/Utilities</b>			
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>			
<b>F: Client Assistance (Attach Detailed List)</b>			
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>			
<b>I: Community Events &amp; Festivals (Attach Detail List)</b>	4000	2500	6500
<b>J: Small Equipment</b>			
<b>K: Capital Equipment</b>			
<b>L: Other Expenses (Attach Detail List)</b>			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>			
% of Program Budget	62 %	38 %	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	1700
Fees Collected from Program Participants	800
Other (please specify)	
Total Revenue for Columns 2 Expenses **	2500


\*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

\*\*Must equal or exceed total in column 2.



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**Detail of In-Kind Contributions for this PROGRAM only:** Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

<b>Donor*/Type of Contribution</b>	<b>Value of Contribution</b>	<b>Method of Valuation</b>
CORINTHIAN BAPTIST CHURCH 	7500	CHURCH PARKING, USE OF EQUIP
VOLUNTEERS	18000	100 VOL @ 1500 HRS 10 VOL @ 300 HRS @ 10.00 PER HR
DONATIONS	1000	HEALTH SCREENING
DONATIONS	500	SPONSORSHIPS
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &amp; Other In Kind)</i>	27000	

\* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK

Agency Fiscal Year Start Date:

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO  YES

If YES, please explain:

WE HAVE APPLIED AND EXPECT TO BE APPROVED TO HAVE 19TH STREET BLOCKED OFF BETWEEN JEFFERSON AND CEDAR STREETS, AND EAST AND WEST SIDES OF GREEN ALLEY. THEREFORE, OUR VENUE WILL HAVE MORE VISIBILITY AND WE ANTICIPATE MORE PEOPLE TO COME OUT AND ENJOY. WITH THAT IN MIND WE WILL INCREASE THE SECURITY LEVEL WITH ADDITIONAL PAID LAW ENFORCEMENT, AND PLAN TO HAVE MORE GAMES AND RIDES





## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 6 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

#### Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked.

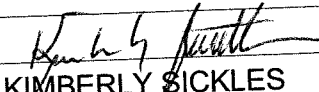
#### Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

**Relationship Disclosure:** List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

### SECTION 7 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

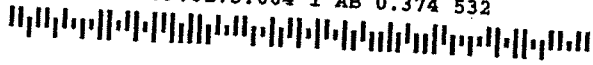
<b>Signature of Legal Signatory:</b>		<b>Date:</b>	4/1/14
<b>Legal Signatory: (please print):</b>	KIMBERLY SICKLES	<b>Title:</b>	Exec. Director
<b>Phone:</b> 502/592-5298	<b>Extension:</b>	<b>Email:</b>	SICKLESINCREALTY@BELLSOUTH.NET



**IRS** Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

044921.277039.0175.004 1 AB 0.374 532



CORINTHIAN DEVELOPMENT CORPORATION  
% DOYLE JONES  
1916 W JEFFERSON ST  
LOUISVILLE KY 40203-1526

4921

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT  
EVEN IF YOU ALSO HAVE AN INQUIRY.

The IRS address must appear in the window.

BODCD-TE

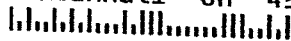
0248205661

Use for payments

Letter Number: LTR4168C  
Letter Date : 2012-12-1  
Tax Period : 000000




\*611472175\*

INTERNAL REVENUE SERVICE  
P.O. Box 2508  
Cincinnati OH 45201  


CORINTHIAN DEVELOPMENT CORPORATION  
% DOYLE JONES  
1916 W JEFFERSON ST  
LOUISVILLE KY 40203-1526

11472175 RZ CORI 00 2 000000 670 000000000000

 **IRS** Department of the Treasury  
Internal Revenue Service  
P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248205661  
Dec. 14, 2012 LTR 4168C E0  
61-1472175 000000 00

00017070  
BODC: TE

CORINTHIAN DEVELOPMENT CORPORATION  
% DOYLE JONES  
1916 W JEFFERSON ST  
LOUISVILLE KY 40203-1526

1921

Employer Identification Number: 61-1472175  
Person to Contact: MS. JOHNSON  
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your Dec. 05, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in JUNE 2004.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

024820566  
Dec. 14, 2012 LTR 4168C E0  
61-1472175 000000 00  
0001707

CORINTHIAN DEVELOPMENT CORPORATION  
% DOYLE JONES  
1916 W JEFFERSON ST  
LOUISVILLE KY 40203-1526

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

*Richard McKee*  
Richard McKee, Department Manager  
Accounts Management Operations

Form **872-C**

(Rev. September 1998)

Department of the Treasury  
Internal Revenue Service

### Consent Fixing Period of Limitation Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

OMB No. 1545-00

To be used w  
Form 1023. Sub  
in duplicate.

(See instructions on reverse side.)

Under section 6501(c)(4) of the Internal Revenue Code, and as part of a request filed with Form 1023 that the organization named below be treated as a publicly supported organization under section 170(b)(1)(A)(vi) or section 509(a)(2) during an advance ruling period,

**CORINTHIAN DEVELOPMENT CORPORATION**

(Exact legal name of organization as shown in organizing document)

**1916 W. JEFFERSON ST., LOUISVILLE, KY 40203**

(Number, street, city or town, state, and ZIP code)

and the District Director of  
Internal Revenue, or  
Assistant  
Commissioner  
(Employee Plans and  
Exempt Organizations)

consent and agree that the period for assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

Ending date of first tax year 12-31-03  
(Month, day, and year)

Name of organization (as shown in organizing document)		Date
CORINTHIAN DEVELOPMENT CORPORATION		5-19-04
Officer or trustee having authority to sign		Type or print name and title
Signature <i>Doyle Jones Sr</i>		Doyle Jones, Sr., President
For IRS use only		
District Director or Assistant Commissioner (Employee Plans and Exempt Organizations)		Date
<i>[Signature]</i>		JUN 23 2004
By <i>[Signature]</i>		

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUN 23 2004

CORINTHIAN DEVELOPMENT CORPORATION  
C/O DOYLE JONES  
1916 W JEFFERSON ST  
LOUISVILLE, KY 40203

Employer Identification Number:  
61-1472175  
DLN:  
17053363010023  
Contact Person:  
TERRY IZUMI ID# 95048  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Foundation Status Classification:  
170(b)(1)(A)(vi)  
Advance Ruling Period Begins:  
December 22, 2003  
Advance Ruling Period Ends:  
December 31, 2007  
Addendum Applies:  
No

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make

Letter 1045 (DO/CG)

CORINTHIAN DEVELOPMENT CORPORATION

a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social security taxes under the Federal Insurance Contributions Act on amounts of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Internal Revenue Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return. Because you will be treated as a public charity for return filing purposes during your entire advance ruling period, you should file Form 990 for each year in your advance ruling period.

CORINTHIAN DEVELOPMENT CORPORATION

that you exceed the \$25,000 filing threshold even if your sources of support do not satisfy the public support test specified in the heading of this letter.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete. So, please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

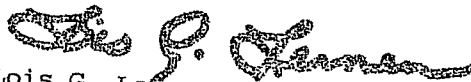
Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.



CORINTHIAN DEVELOPMENT CORPORATION

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Lois G. Lerner  
Director, Exempt Organizations  
Rulings and Agreements

Enclosure(s):  
Form 872-C

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

NARP  
0228700  
Alison Lundergan Grimes  
KY Secretary of State  
Received and Filed  
2/14/2012 1:30:32 PM  
Fee receipt: \$15.00

Alison Lundergan Grimes Secretary of State P. O. Box 1150 Frankfort, KY 40602-1150 (502) 564-3490 <a href="http://www.sos.ky.gov">http://www.sos.ky.gov</a>	<b>Annual Report Online Filing</b>	<b>ARP</b>
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**Company:** CORINTHIAN DEVELOPMENT CORPORATION  
**Company ID:** 0228700  
**State of origin:** Kentucky  
**Formation date:** 4/30/1987 12:00:00 AM  
**Date filed:** 2/14/2012 1:30:32 PM  
**Fee:** \$15.00

**Principal Office**  
ATTN: DOYLE JONES  
1916 W. JEFFERSON ST.  
LOUISVILLE, KY 40203

**Registered Agent Name/Address**  
DOYLE JONES  
1916 W. JEFFERSON ST.  
LOUISVILLE, KY 40203

**Current Officers**

President	DOYLE Jones Sr	ATTN: DOYLE JONES, 1916 W. JEFFERSON ST., LOUISVILLE, KY 40203
Treasurer	Kim Sickles	ATTN: DOYLE JONES, 1916 W. JEFFERSON ST., LOUISVILLE, KY 40203
Vice President	Lenix Burns Jr	ATTN: DOYLE JONES, 1916 W. JEFFERSON ST., LOUISVILLE, KY 40203

**Directors**

Director	Greg Meriwether	ATTN: DOYLE JONES, 1916 W. JEFFERSON ST., LOUISVILLE, KY 40203
Director	Lenix Burns Jr	ATTN: DOYLE JONES, 1916 W. JEFFERSON ST., LOUISVILLE, KY 40203
Director	Doyle Jones Sr	ATTN: DOYLE JONES, 1916 W. JEFFERSON ST., LOUISVILLE, KY 40203

**Signatures**

Signature	Carmen Farris
Title	Church Administrator

Do not use the browser's back, forward, refresh, home, or stop buttons to navigate through this program. Always use the buttons provided on the forms to proceed through the annual report process.

**0228700 - CORINTHIAN DEVELOPMENT CORPORATION**

**Your annual report has been filed successfully.**

[Click here](#) to view the filing created for this annual report.

You can print this page to use as your verification that the annual report has been filed, and as a receipt for your payment.

Company ID:	0228700.09.99999
Annual Report Date:	2/14/2012
Principal Office:	ATTN: DOYLE JONES 1916 W. JEFFERSON ST. LOUISVILLE, KY 40203
Registered Agent:	DOYLE JONES 1916 W. JEFFERSON ST. LOUISVILLE, KY 40203
EPay Transaction ID:	9331985
Credit Card Authorization Number:	014567
SOS Accounting ID:	2727719.3681040
Filing Fee:	\$15.00
Signature:	Carmen Farris
Title:	Church Administrator

**Current Officers**

Office	Name and Address
President	DOYLE Jones Sr, ATTN: DOYLE JONES,1916 W. JEFFERSON ST.,LOUISVILLE,KY 40203
Treasurer	Kim Sickles, ATTN: DOYLE JONES,1916 W. JEFFERSON ST.,LOUISVILLE,KY 40203
Vice President	Lenix Burns Jr, ATTN: DOYLE JONES,1916 W. JEFFERSON ST.,LOUISVILLE,KY 40203

**Directors**

**Name and Address**

Greg Meriwether, ATTN: DOYLE JONES,1916 W. JEFFERSON ST.,LOUISVILLE,KY 40203  
Lenix Burns Jr, ATTN: DOYLE JONES,1916 W. JEFFERSON ST.,LOUISVILLE,KY 40203  
Doyle Jones Sr, ATTN: DOYLE JONES,1916 W. JEFFERSON ST.,LOUISVILLE,KY 40203

[View entity](#)

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

Department of the Treasury  
Internal Revenue Service

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

**A For the 2012 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization **CORINTHIAN DEVELOPMENT CORPORATION**  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1916 W. JEFFERSON STREET**  
 City, town or post office, state, and ZIP code  
**LOUISVILLE KY 40203**

**D** Employer identification number  
**61-1472175**

**E** Telephone number  
**(502)583-4541**

**G** Gross receipts \$ **43,775**

**F** Name and address of principal officer:  
**DOYLE JONES SR 1916 W JEFFERSON STREET, LOUISVILLE, KY 40203**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **N/A**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **2003** **M** State of legal domicile: **KY**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ECONOMIC DEVELOPMENT</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>4</b>
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	79,810	0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-11,244	-1,252
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	68,566	-1,252
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	79,810	0
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	79,810	0
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-11,244	-1,252	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	1,055,039	1,055,039
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	982,710	929,281
		72,329	125,758

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: **DOYLE JONES SR** Date: \_\_\_\_\_  
 Type or print name and title: **PRESIDENT**

**Paid Preparer Use Only**

Print/Type preparer's name: **Charles Alexander III** Preparer's signature: **Charles Alexander III** Date: **4/10/2013** Check  if self-employed PTIN: **P00810717**  
 Firm's name ▶ **Charles Alexander III, CPA** Firm's EIN ▶ **61-1061561**  
 Firm's address ▶ **930 E. Broadway, Louisville, KY 40204-1057** Phone no. **(502) 584-2375**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III**

**Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III.

**1** Briefly describe the organization's mission:  
TO PROVIDE A SAFE PLACE FOR ORGANIZATIONS TO MEET TO FACILITATE YOUTH MENTORING PROGRAMS  
AND PROVIDE A FORUM FOR ECONOMIC DEVELOPMENT.

**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  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?  Yes  No  
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 \$ )  
Provided educational, recreational and social and health programs to over 250 individuals.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services. (Describe in Schedule O.)  
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses ▶ 0

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .		
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? If "Yes," complete Schedule D, Part I . . . . .		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 . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		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 not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	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 . . . . .		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 VIII . . . . .		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .		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? If "Yes," complete Schedule G, Part I (see instructions). . . . .		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? If "Yes," complete Schedule G, Part II . . . . .		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		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? <i>If "Yes," complete Schedule J.</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.



**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI.

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent.		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?		X
<b>b</b> Each committee with authority to act on behalf of the governing body?		X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13.		X
<b>12b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
<b>12c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.		X
<b>13</b> Did the organization have a written whistleblower policy?		X
<b>14</b> Did the organization have a written document retention and destruction policy?		X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official.		
<b>b</b> Other officers or key employees of the organization.		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
<b>16b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		X

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DOYLE JONES SR.** (502)583-4541  
 1916 W. JEFFERSON STREET, LOUISVILLE, KY 40203

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question 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 instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DOYLE JONES SR PRESIDENT	10.00			X						
(2)	0.00	X		X						
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII.

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded fr tax under sect 512, 513, or 5	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 0				
	b Membership dues	1b 0				
	c Fundraising events	1c 0				
	d Related organizations	1d 0				
	e Government grants (contributions)	1e 0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 0				
	g Noncash contributions included in lines 1a-1f:	\$ 0				
	h <b>Total.</b> Add lines 1a-1f	0				
Program Service Revenue	2a	Business Code				
	b		0			
	c		0			
	d		0			
	e		0			
	f All other program service revenue		0			
	g <b>Total.</b> Add lines 2a-2f		0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		0			
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real	43,775			
		(ii) Personal				
		b Less: rental expenses	45,027			
		c Rental income or (loss)	-1,252	0		
	d Net rental income or (loss)		-1,252			
	7a Gross amount from sales of assets other than inventory	(i) Securities	0	0		
		(ii) Other				
		b Less: cost or other basis and sales expenses	0	0		
		c Gain or (loss)	0	0		
	d Net gain or (loss)		0			
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18.	a	0			
		b Less: direct expenses	0			
c Net income or (loss) from fundraising events			0			
9a Gross income from gaming activities. See Part IV, line 19.	a	0				
	b Less: direct expenses	0				
	c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances	a	0				
	b Less: cost of goods sold	0				
	c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code				
11a			0			
b			0			
c			0			
d All other revenue			0			
e <b>Total.</b> Add lines 11a-11d			0			
12 <b>Total revenue.</b> See instructions.			-1,252	0	0	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  
 Check if Schedule O contains a response to any question in this Part IX

**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 governments and organizations in the United States. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	0	0	0	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RENOVATIONS	0			
b CAPITAL CAMPAIGN	0			
c SUMMER PROGRAM	0			
d TRANSFERS	0			
e All other expenses	0			
25 <b>Total functional expenses.</b> Add lines 1 through 24e	0	0	0	0
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	0
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	0
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,055,039		
	b Less: accumulated depreciation	10b 0	10c 1,055,039	1,055,039
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		1,055,039	16 1,055,039	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	103,712	17	98,750
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	878,998	23	830,531
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	0
	26 <b>Total liabilities.</b> Add lines 17 through 25	982,710	26	929,281
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets			
	28 Temporarily restricted net assets	72,329	27	125,758
	29 Permanently restricted net assets		28	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	72,329	33	125,758	
34 <b>Total liabilities and net assets/fund balances</b>	1,055,039	34	1,055,039	

**Part VII**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>							0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							0	0	0	
<b>2</b>	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization							0	0	0

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0
<b>2</b>	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,2
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-1,2
5	Net unrealized gains (losses) on investments	5	72,3
6	Donated services and use of facilities	6	
7	Investment expenses	7	54,6
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	125,75

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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 in 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 Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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. ▶ See separate instructions.

Name of the organization

Employer identification number

CORINTHIAN DEVELOPMENT CORPORATION

61-1472175

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		
    - (ii) A family member of a person described in (i) above? 

	Yes	No
<b>11g(ii)</b>		
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
<b>11g(iii)</b>		
  - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									<b>0</b>



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	60,955	95,793	132,633	79,810	54,681	423,872
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 <b>Total.</b> Add lines 1 through 3	60,955	95,793	132,633	79,810	54,681	423,872
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 <b>Public support.</b> Subtract line 5 from line 4.						423,872

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4.	60,955	95,793	132,633	79,810	54,681	423,872
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)						423,872
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .	<input checked="" type="checkbox"/> 12					

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)).	14	100.00%
15 Public support percentage from 2011 Schedule A, Part II, line 14.	15	100.00%
16a <b>33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b <b>33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
17a <b>10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 <b>Total.</b> Add lines 1 through 5 . . . . .	0	0	0	0	0	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b . . . . .	0	0	0	0	0	
8 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6 . . . . .	0	0	0	0	0	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .	0	0	0	0	0	
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	0.00%
16 Public support percentage from 2011 Schedule A, Part III, line 15 . . . . .	16	0.00%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0.00%
18 Investment income percentage from 2011 Schedule A, Part III, line 17 . . . . .	18	0.00%

- 19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .
- b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV**

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

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

CORINTHIAN DEVELOPMENT CORPORATION

Employer identification number

61-1472175

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1. ▶ \$

(ii) Assets included in Form 990, Part X. ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1. ▶ \$

b Assets included in Form 990, Part X. ▶ \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 0      |
| d Additions during the year     |        |
| e Distributions during the year |        |
| f Ending balance                | 0      |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0	0	0	0	
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	0

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
  - b Permanent endowment %
  - c Temporarily restricted endowment %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations |     |    |
| (ii) related organizations  |     |    |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	26,000	0	26,000
b Buildings	0	1,029,039	0	1,029,039
c Leasehold improvements	0	0	0	0
d Equipment	0	0	0	0
e Other	0	0	0	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,055,039

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	0

2. FIN 48 (ASC 740) Footnote. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements . . . . .		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments . . . . .	2a		
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII.) . . . . .	2d		
e	Add lines 2a through 2d . . . . .		2e	
3	Subtract line 2e from line 1 . . . . .		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII.) . . . . .	4b		
c	Add lines 4a and 4b . . . . .		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .		5	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements . . . . .		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities . . . . .	2a		
b	Prior year adjustments . . . . .	2b		
c	Other losses . . . . .	2c		
d	Other (Describe in Part XIII.) . . . . .	2d		
e	Add lines 2a through 2d . . . . .		2e	
3	Subtract line 2e from line 1 . . . . .		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII.) . . . . .	4b		
c	Add lines 4a and 4b . . . . .		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .		5	

**Part XIII Supplemental Information**

Complete this part to 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.

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**Part XIII** Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.



**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

CORINTHIAN DEVELOPMENT CORPORATION

61-1472175

Form 990 Part I Line 1 NO CHANGE IN BOARD COMPOSITION

Area with horizontal dashed lines for supplemental information.

Name of the organization

CORINTHIAN DEVELOPMENT CORPORATION

Employer identification number

61-1472175

# Corinthian Development Corporation

1916 West Jefferson Street

Louisville, KY 40203

Office: (502) 583-4541

Fax: (502) 583-5881

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March 31, 2014

## Current Board of Directors

Lenix Burns, Jr.

James Covington

Tony Ford

Larry J. Houston, Pastor

James Hudson, Sr.

Doyle Jones, Sr.

Gregory Meriwether

Ron Sickles, Sr.

\* See next page for  
information regarding  
the terms of board  
members.

## Smith, Chanelle Emily

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**From:** King, Keidra  
**Sent:** Wednesday, July 23, 2014 7:10 PM  
**To:** Smith, Chanelle Emily  
**Subject:** FW: Corinthian Dev. Corp.

Hello Chanelle,  
See response below.

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**From:** Kim Sickles [<mailto:sicklesincrealty@bellsouth.net>]  
**Sent:** Wednesday, July 23, 2014 6:46 PM  
**To:** King, Keidra  
**Cc:** [sicklesincrealty@bellsouth.net](mailto:sicklesincrealty@bellsouth.net)  
**Subject:** Re: Corinthian Dev. Corp.

Hello

Our board of directors do not have terms. Thx. Kim

"Not Perfect, Just Forgiven"

From my iPhone

On Jul 23, 2014, at 6:25 PM, "King, Keidra" <[Keidra.King@louisvilleky.gov](mailto:Keidra.King@louisvilleky.gov)> wrote:

Please see email below from the Clerk's office.

Yours in Service,

Keidra D.C. King  
Metro Council District Four  
Councilman David Tandy  
601 West Jefferson Street  
Louisville, Kentucky 40202  
Office: 502.574.1104  
<image001.gif>

*\*All meeting and public appearance request should be sent to [Districtfour@louisvilleky.gov](mailto:Districtfour@louisvilleky.gov) \**

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**From:** Smith, Chanelle Emily  
**Sent:** Wednesday, July 23, 2014 4:07 PM  
**To:** King, Keidra  
**Subject:** Corinthian Dev. Corp.

Keidra,

After reviewing your packet for the Corinthian Development Corporation we are still in need of one thing. If the organization has them, we need the terms of the board of directors.



\*\*\*\*\*AUTO\*\*3-DIGIT 402  
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02-28-14

CORINTHIAN DEVELOPMENT CORPORATION  
 1916 WEST JEFFERSON STREET  
 LOUISVILLE KY 40203-1526

PAGE 1

50-108344-9----- CHECKING ACCOUNT SUMMARY -----

Beginning balance		6,458.41
Credits posted	4	11,825.00
Debits posted	16	5,837.42
Current balance		12,445.99

Date	Description	Chk #	Withdrawals	Deposits	Balance
	Beginning balance				6,458.41
2-01	Loan Payment		1,335.70		5,122.71
	Loan # 0305540				
2-03	Deposit			425.00	
	Louisville Gas & WEB PYMTS		60.03		
	Louisville Gas & WEB PYMTS		63.37		5,424.31
2-06	LOUISVILLE WATER PAYMENTS		222.50		
	LOUISVILLE WATER PAYMENTS		244.83		
	LOUISVILLE WATER PAYMENTS		291.68		4,665.30
2-07	Check	1101	101.48		
	Check	1102	45.72		4,518.10
2-10	Check	1104	128.70		4,389.40
2-11	Deposit			1,350.00	
	Check	1103	600.00		5,139.40
2-24	Deposit			550.00	
	Check	1106	255.00		5,385.83
	Check	1107	48.57		
2-26	Loan Payment		817.21		
	Loan # 0033412				
	Louisville Gas & WEB PYMTS		55.66		
	Louisville Gas & WEB PYMTS		55.95		
	Louisville Gas & WEB PYMTS		1,511.02		2,945.99
2-27	Deposit			9,500.00	12,445.99

Chk#	Amount	Chk#	Amount	Chk#	Amount	Chk#	Amount
*	55.66	*	55.95	*	60.03	*	63.37
*	222.50	*	244.83	*	291.68	*	817.21
*	1335.70	*	1511.02	1101*	101.48	1102	45.72
1103	600.00	1104	128.70	1106*	255.00	1107	48.57

\* Denotes prior check number(s) not in statement



CORINTHIAN DEVELOPMENT CORPORATION  
 100 N. JEFFERSON ST.  
 LOUISVILLE, KY 40202  
 (502) 582-5411

DATE: 02/07/14

TO: *L & E*

FOR DEPOSIT ONLY

AMOUNT: \$ 101.48

FROM: *1820 W. Jefferson St. #111*

ACCOUNT NO: *1820 W. Jefferson St. #111*

MEMO: *Handwritten note*

PGD 1101P K0830007264 PG 1083449P

1101 02/07/14 \$101.48

CORINTHIAN DEVELOPMENT CORPORATION  
 100 N. JEFFERSON ST.  
 LOUISVILLE, KY 40202  
 (502) 582-5411

DATE: 02/07/14

TO: *L & E*

FOR DEPOSIT ONLY

AMOUNT: \$ 45.72

FROM: *1820 W. Jefferson St. #111*

ACCOUNT NO: *1820 W. Jefferson St. #111*

MEMO: *Handwritten note*

PGD 1102P K0830007264 PG 1083449P

1102 02/07/14 \$45.72

CORINTHIAN DEVELOPMENT CORPORATION  
 100 N. JEFFERSON ST.  
 LOUISVILLE, KY 40202  
 (502) 582-5411

DATE: 02/11/14

TO: *River City Bank*

FOR DEPOSIT ONLY

AMOUNT: \$ 600.00

FROM: *1820 W. Jefferson St. #111*

ACCOUNT NO: *1820 W. Jefferson St. #111*

MEMO: *Handwritten note*

PGD 1103P K0830007264 PG 1083449P

1103 02/11/14 \$600.00

CORINTHIAN DEVELOPMENT CORPORATION  
 100 N. JEFFERSON ST.  
 LOUISVILLE, KY 40202  
 (502) 582-5411

DATE: 02/10/14

TO: *The Sheriff's Company*

FOR DEPOSIT ONLY

AMOUNT: \$ 128.70

FROM: *1820 W. Jefferson St. #111*

ACCOUNT NO: *1820 W. Jefferson St. #111*

MEMO: *Handwritten note*

PGD 1104P K0830007264 PG 1083449P

1104 02/10/14 \$128.70

CORINTHIAN DEVELOPMENT CORPORATION  
 100 N. JEFFERSON ST.  
 LOUISVILLE, KY 40202  
 (502) 582-5411

DATE: 02/24/14

TO: *OPC*

FOR DEPOSIT ONLY

AMOUNT: \$ 255.00

FROM: *1820 W. Jefferson St. #111*

ACCOUNT NO: *1820 W. Jefferson St. #111*

MEMO: *Handwritten note*

PGD 1106P K0830007264 PG 1083449P

1106 02/24/14 \$255.00

CORINTHIAN DEVELOPMENT CORPORATION  
 100 N. JEFFERSON ST.  
 LOUISVILLE, KY 40202  
 (502) 582-5411

DATE: 02/24/14

TO: *T. Hobbs*

FOR DEPOSIT ONLY

AMOUNT: \$ 48.57

FROM: *1820 W. Jefferson St. #111*

ACCOUNT NO: *1820 W. Jefferson St. #111*

MEMO: *Handwritten note*

PGD 1107P K0830007264 PG 1083449P

1107 02/24/14 \$48.57

**CDC proposed budget  
2014 Income & Expenses 10/1/2013 - 9/30/14**

		2013		2012	
		Budget Amt		Difference	
Rent Received		\$ 29,925.00	\$ 38,395.00	\$ 8,470.00	\$ 38,395.00
Rental Late Charge		\$ 150.00	\$ 100.00	\$ (50.00)	\$ 100.00
Community Festival INCLUDES CUF GRANT		\$ 4,000.00	\$ 4,511.69	\$ 511.69	\$ 4,511.69
Security Deposit		\$ 1,100.00	\$ 1,000.00	\$ (100.00)	\$ 1,000.00
Reimbursed Expenses (Property Taxes/tenants)		\$ -	\$ -	\$ -	\$ -
Application Fee		\$ -	\$ -	\$ -	\$ -
Grant		\$ -	\$ -	\$ -	\$ -
<b>TOTAL INCOME</b>		<b>\$ 35,175.00</b>	<b>\$ 44,006.69</b>	<b>\$ (8,831.69)</b>	<b>\$ 44,006.69</b>
<b>EXPENSES</b>					
<b>GENERAL</b>					
		Actual Expense			
Accounting	\$ 525.00	\$ 525.00	\$ -	\$ -	\$ 525.00
Attorney Fees	\$ 200.00	\$ 85.50	\$ (114.50)	\$ -	\$ 717.00
Bad Debt	\$ 200.00	\$ -	\$ (200.00)	\$ -	\$ 150.00
Bank Charges	\$ -	\$ -	\$ -	\$ -	\$ 366.37
Communication	\$ 700.00	\$ 653.51	\$ (46.49)	\$ -	\$ 640.84
Communication: Cell Phone	\$ 600.00	\$ 597.96	\$ (2.04)	\$ -	\$ 15.00
Office Expense	\$ -	\$ -	\$ -	\$ -	\$ -
Annual Fee	\$ 15.00	\$ 15.00	\$ -	\$ -	\$ -
Deposit refund	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ 60.00	\$ -	\$ (50.00)	\$ -	\$ -
Property Insurance	\$ 7,100.00	\$ 4,488.77	\$ (2,611.23)	\$ -	\$ 5,893.84
Building & Grounds Pest Control	\$ 800.00	\$ 816.36	\$ 16.36	\$ -	\$ 720.00
Building & Grounds Repairs & Maintenance	\$ 7,000.00	\$ 5,203.48	\$ (1,796.52)	\$ -	\$ 4,401.74
Utilities - Electric & Water	\$ 7,000.00	\$ 4,401.18	\$ (401.18)	\$ -	\$ 7,085.25
Community Festival	\$ 4,000.00	\$ -	\$ -	\$ -	\$ -
Loans	\$ -	\$ -	\$ -	\$ -	\$ -
1922 & 1924 Jefferson	\$ 15,675.00	\$ 15,675.12	\$ 0.12	\$ -	\$ 15,675.12
1904 Jefferson	\$ 10,102.00	\$ 9,806.53	\$ (295.48)	\$ -	\$ 9,730.68
CCLC	\$ 106,950.00	\$ 58,554.36	\$ (48,395.64)	\$ -	\$ -
<b>TOTAL EXPENSES</b>		<b>\$ 160,917.00</b>	<b>\$ 101,670.54</b>	<b>\$ 59,246.47</b>	<b>\$ 53,182.79</b>
<b>INCOME LESS EXPENSES</b>		<b>\$ (125,742.00)</b>	<b>\$ (57,663.85)</b>	<b>\$ (68,078.16)</b>	<b>\$ (9,176.10)</b>

Form **W-9**  
Rev. December 2011  
Department of the Treasury  
Internal Revenue Service

### Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)  
**Corinthian Development Corp**

Check appropriate box for federal tax classification:  
 Individual sole proprietor  C Corporation  S Corporation  Partnership  Trust/estate  
 Limited liability company. Enter the tax classification (C-C corporation, S-S corporation, P-partnership)  Exempt payee  
 Other (see instructions)

Address (number, street, and Apt. or suite no.)  
**1916 West Jefferson Street**  
City, state, and ZIP code  
**Lou., Ky 40203**

Receiver's name and address (optional)

List account number(s) here (optional)

#### Section 1 Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Social security number

Employer identification number

#### Section 2 Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends or your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here  Signature of U.S. person **X [Signature]** Date **2/27/13**

#### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

##### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you pay, acquisition or abandonment of secured property, cancellation of debt, or contributions you make to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partner's share of effectively connected income.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partner's share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



0228700.09

Ghance  
NARI

Trey Grayson  
Secretary of State  
Received and Filed

04/13/2004 8:41:52 AM

Fee Receipt: \$16.00

AMENDED AND RESTATED  
ARTICLES OF INCORPORATION  
OF  
CORINTHIAN DEVELOPMENT CORPORATION

The undersigned, acting as Incorporator of a corporation under Chapter 273 of the Kentucky Revised Statutes, states that these Amended and Restated Articles of Incorporation, except for the designated amendments, correctly set forth, without change, the provisions of the Articles of Incorporation as heretofore amended, that they have been duly adopted as required by law, and that they, together with the designated amendments, supersede the original articles of incorporation and all amendments thereto.

There are no members entitled to vote on the amendments herein. The amendments stated herein were duly adopted by a majority of the directors in office at a meeting of the board of directors held on April 17, 2004, at which these amendments were adopted, and such amendments received the vote of a majority of the directors in office.

ARTICLE I

The name of the corporation shall be CORINTHIAN DEVELOPMENT CORPORATION.

ARTICLE II

The period of duration of said Corporation shall be perpetual unless and until dissolved.

ARTICLE III

Article III of the Articles of Incorporation of the corporation is amended to read in its entirety as follows:

The purpose for which this Corporation is organized include: (a) acquisition, development, (c) supporting community activities, (d) rehabilitation and maintenance of property located in Jefferson County area for the purposes of a Christian Life Center.

#### ARTICLE IV

The Corporation is organized exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), including for such purposes the making of distributions to organizations and individuals for the purpose of engaging in activity falling within the purposes of the Corporation and permitted for an organization exempt under said Section 501(c)(3) of the Internal Revenue Code.

#### ARTICLE V

The Corporation shall be irrevocably dedicated to and operated exclusively for, non-profit purposes. No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its members, directors, officers or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article IV hereof.

#### ARTICLE VI

The Corporation shall be empowered to do all acts reasonable and necessary and within the laws of the State of Kentucky, in particular those enumerated in KRS 273.171, to further its purposes set out in Article IV.

a) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office.

b) Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code or the corresponding provisions of any future federal tax code.

#### ARTICLE VII

Article VII of the Articles of Incorporation of the corporation is amended to read in its entirety as follows:

The number of directors constituting the initial Board of Directors shall be eleven (11) in number and are the following:

Lennix Burns, 3414 Sumac Road, Louisville, KY 40216

Doyle Jones, 2908 Aspendale Ct., Louisville, KY 40222

Rev. Larry Houston, 7609 Wolf Spring, Louisville, KY 40241

John D. Franklin, 3129 Emerald Ct., Jeffersonville, IN 47130

James Covington, 8811 Cottingham Way, Louisville, KY 40258

Alberta L. Carter, 621 S. 22<sup>nd</sup> St., Louisville, KY 40211

Michael F. Cornelius, 404 N. Hite Ave., Apt. 2A, Louisville, KY 40206

Nocie V. Cornelius, 721 S. 37<sup>th</sup> St., Louisville, KY 40211

M. C. Ridley, 1921 W. Chestnut St., Louisville, KY 40203

Christina Sharpe, 4214 Miami, Louisville, KY 40211

Roy D. Smith, 2708 Garland Ave., Louisville, KY 40211

#### ARTICLE VIII

Article VIII of the Articles of Incorporation of the corporation is added to read in its entirety as follows:

Dissolution: Upon the dissolution and winding up of this corporation, after paying or adequately providing for the debts and obligations of the corporation, the remaining assets shall be distributed to a non-profit fund, foundation or corporation organized and operated exclusively for the purposes specified in section 501 (c)(3) of the Internal Revenue Code and which has established its tax-exempt status under that section.

#### ARTICLE IX

Article IX of the Articles of Incorporation of the corporation is added to read in its entirety as follows:

The registered office of the Corporation is 1916 W. Jefferson Street, Louisville, Kentucky 40203; and the registered agent is Doyle Jones at such address.

#### ARTICLE X

Article X of the Articles of Incorporation of the corporation is added to read in its entirety as follows:

The principal office address of the corporation is 1916 W. Jefferson Street, Louisville, Kentucky 40203.

## ARTICLE XI

Article XI of the Articles of Incorporation of the corporation is added to read in its entirety as follows:

The name and address of the incorporator is Doyle Jones, 2908 Aspendale Ct., Louisville KY 40222.

## ARTICLE XII

Article XII of the Articles of Incorporation of the corporation is added to read in entirety as follows:

Each person who is or was a member, director, trustee, or officer of the corporation whether elected or appointed, and each person who is or was serving at the request of the corporation as a member, director, trustee, or officer of another corporation, whether elected or appointed, including the heirs, executors, administrators, or estate of any such person, shall be indemnified by the corporation to the full amount against any liability, and the reasonable cost of expense (including attorney fees, monetary or other judgments, fines, excise taxes, or penalties and amounts paid or to be paid in settlement) incurred by such person in such person's capacity as a member, director, trustee, officer, or employee or arising out of such person's status as a member, director, trustee, officer, or employee; provided, however, no such person shall be indemnified against any such liability, cost, or expense incurred in connection with any action, suit, or proceeding in which such person shall have been adjudged liable on the basis that personal benefit was improperly received by such person, or if such indemnification would be prohibited by law. Such right of indemnification shall be a contract right and shall include the right to be paid by the corporation the reasonable expenses incurred in defending any threatened or pending action, suit, or proceeding in advance of its final disposition; provided, however, that such advance payment of expenses shall be made only after delivery to the corporation of an undertaking by or on behalf of such person to repay all amounts so advanced if it shall be determined that such person is not entitled to such indemnification. Any repeal or modification of this article shall not affect any rights or obligations then existing. If any indemnification payment required by this article is not paid by the corporation within 90 days after a written claim has been received by the corporation, the member, director, trustee, officer, or employee may at any time thereafter bring suit against the corporation to recover the unpaid amount and, if successful in whole or in part, such person shall be entitled to be paid also the expense of prosecuting such claim. The corporation may maintain insurance, at its own expense, to protect itself and any such person against any such liability, cost, or expense, whether or not the corporation would have the power to indemnify such person against such liability, cost, or expense under the Kentucky Nonprofit Corporation Acts or under this article, but it shall not be obligated to do so. The indemnification provided by this article shall not be deemed exclusive of any other rights which those seeking indemnification may have or hereafter acquire under any

bylaw, agreement, statute, vote of members or board of directors, or otherwise. If this article or any portion thereof shall be invalidated on any ground by any court of competent jurisdiction, then the corporation shall nevertheless indemnify each such person to the full extent permitted by any applicable portion of this article that shall not have been invalidated or by any other applicable law.

ARTICLE XIII

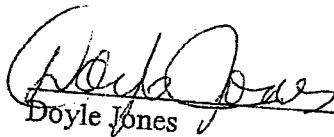
Article XIII of the Articles of Incorporation of the corporation is added to read in its entirety as follows:

No director shall be personally liable to the corporation for monetary damages for breach of his duties as a director except for liability:

- (A) For any transaction in which the director's personal financial interest is in conflict with the financial interests of the corporation;
- (B) For acts or omissions not in good faith or which involve intentional misconduct or are known to the director to be a violation of law; or
- (C) For any transaction from which the director derives an improper personal benefit.

If the Kentucky Revised Statutes are amended after approval of this article to authorize corporate action further eliminating or limiting the personal liability of directors, then the liability of a director of the corporation shall be deemed to be eliminated or limited by this provision to the fullest extent then permitted by the Kentucky Revised Statutes, as so amended. Any repeal or modification of this article shall not adversely affect any right or protection of a director of the corporation existing at the time of such repeal or modification.

IN TESTIMONY WHEREOF, witness the signature of the incorporator, this 6 day of April, 2004.

  
Doyle Jones

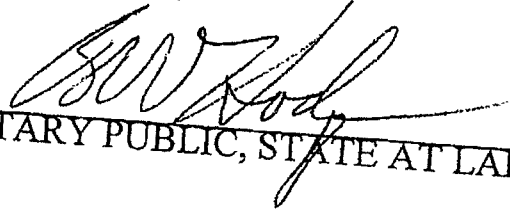
COMMONWEALTH OF KENTUCKY         )  
  ) SS  
COUNTY OF JEFFERSON                 )

I, a Notary Public in and for the State and County aforesaid, do hereby certify that the foregoing Amendments of the Articles of Incorporation were this day produced before me in the

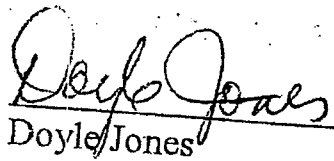
said State and County by Doyle Jones, the incorporator, and were signed and acknowledged him to be his free act and deed.

WITNESS my signature this 6 day of April, 2004.

My Commission expires: March 13, 2006.

  
NOTARY PUBLIC, STATE AT LARGE, KY

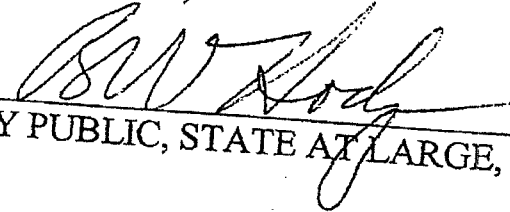
The undersigned hereby consents to serve as the initial registered agent for the corporation

  
Doyle Jones

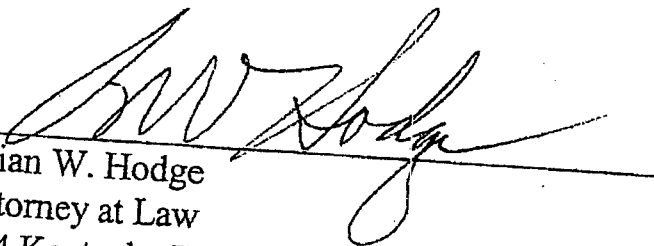
COMMONWEALTH OF KENTUCKY )  
COUNTY OF JEFFERSON )SS  
)

Subscribed and sworn to before me by Doyle Jones on this the 6 day of April, 2004.

My commission expires: March 13, 2006

  
NOTARY PUBLIC, STATE AT LARGE, KY

PREPARED BY:

  
Brian W. Hodge  
Attorney at Law  
414 Kentucky Home Life Building  
239 South Fifth Street  
Louisville, Kentucky 40202  
(502) 582-3711

## CORINTHIAN DEVELOPMENT CORPORATION

### General Information

Organization Number	0228700
Name	CORINTHIAN DEVELOPMENT CORPORATION
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	4/30/1987
Organization Date	4/30/1987
Last Annual Report	6/5/2013
Principal Office	ATTN: DOYLE JONES 1916 W. JEFFERSON ST. LOUISVILLE, KY 40203
Registered Agent	DOYLE JONES 1916 W. JEFFERSON ST. LOUISVILLE, KY 40203

### Current Officers

President	<u>DOYLE Jones Sr</u>
Vice President	<u>Lenix Burns Jr</u>
Treasurer	<u>Kim Sickles</u>
Director	<u>Greg Meriwether</u>
Director	<u>Lenix Burns Jr</u>
Director	<u>Doyle Jones Sr</u>

### Individuals / Entities listed at time of formation

Director	<u>LENNIX BURNS</u>
Director	<u>JAMES COVINGTON</u>
Director	<u>JOHN D. FRANKLIN</u>
Director	<u>DOYLE JONES</u>
Director	<u>M. C. RIDLEY</u>
Incorporator	<u>DOYLE JONES</u>

### Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

<u>Annual Report</u>	6/5/2013	1 page	<u>PDF</u>	
<u>Annual Report</u>	2/14/2012	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/8/2011	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/27/2010	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	9/8/2009	1 page	<u>tiff</u>	<u>PDF</u>



## NDF NON-PROFIT APPLICATION CHECKLIST

<b>Legal Name of Applicant Organization:</b>		
Program Name:	Request Amount:	
<b>Request form:</b> Is the NDF request form signed by all Council Member(s) appropriating funding?		Yes/No/NA
<b>Request form:</b> Is the funding proposed less than or equal to the request amount?		Yes
<b>Request form:</b> Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		No
<b>Application Page 1:</b> Has prior Metro funds committed/granted been disclosed?		Yes
<b>Application Page 1:</b> Is the application properly signed and dated by authorized signatory?		Yes
<b>Application Page 3:</b> Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		Yes
<b>Application Pages 3 – 5:</b> Is the proposed public purpose of the program well-documented?		Yes
<b>Application 4:</b> Is there adequate documentation of how the proceeds of the fundraiser will be spent?		N/A
<b>Application Budget Page 6:</b> Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for “Metro, Non Metro and Total” expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?		Yes
<b>Faith Based Organizations:</b> Is the signed Faith Based Form signed and included?		N/A
<b>Jefferson County Only:</b> Will all funding be spent in Louisville/Jefferson County?		
<b>Capital Project(s) request:</b> Is the cost estimate(s) from proposed vendor(s) included?		N/A
<b>Good Standing:</b> Is the entity in good standing with: <ul style="list-style-type: none"> <li>• Kentucky Secretary of State – include Secretary of State website information on organization</li> <li>• Louisville Metro Government – check OMB monthly report filed in Council Financial Reports</li> <li>• Internal Revenue Service – most recent Form 990 included</li> </ul>		Yes
<b>Separate Taxing Districts:</b> If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?		N/A
<b>Small Cities:</b> Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)		No
<b>Operating Requests:</b> Is recommended operating funding less than or equal to 33% of total operating budget?		N/A
<b>IRS Exempt Proof:</b> Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		Yes
<b>Operating Budget:</b> Is the organization’s current fiscal year operating budget included?		Yes
<b>Ordinance Required:</b> Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		No
<b>Board Members:</b> Is the entity’s board member list (with term length/term limits) included?		yes
<b>Staff:</b> Is a list of the highest paid staff included with their expected annual personnel costs?		No
<b>Annual Audit:</b> Is the most recent annual audit (if required by organization) included?		No
<b>Rent Requests:</b> Is a copy of signed lease included?		No
<b>Articles of Incorporation:</b> Are the Articles of Incorporation of the organization included?		Yes
<b>IRS Form W-9:</b> Is the IRS Form W-9 included?		Yes
<b>Evaluation Forms:</b> Are the evaluation forms (if program participants are given evaluation forms) included?		No
<b>Affirmative Action:</b> Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		No
<b>Prepared by:</b> Keidra King	<b>Date:</b> 6/26/2015	

## Smith, Chanelle Emily

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**From:** Stenberg, Beth  
**Sent:** Monday, August 04, 2014 3:27 PM  
**To:** Helton, Jessamyn; Smith, Chanelle Emily  
**Cc:** Stenberg, Beth; King, Keidra  
**Subject:** FW: RE:  
**Attachments:** NDF APPLICATION EFFECTIVE APRIL 2014.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Please include this email string in the documentation for:

NDF080614CDC	\$4,000.00 FROM THE 4TH DISTRICT NEIGHBORHOOD DEVELOPMENT FUND TO CORINTHIAN DEVELOPMENT CORPORATION FOR THE 4TH ANNUAL COMMUNITY UNITY FESTIVAL.
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We need it in support of why this NDF application was signed and dated (4/1/14) before the application form was approved by the Appropriations Committee (4/7/14).  
The organization was required to complete the new application form, but stayed with their original application date.

Thank you.  
Beth

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**From:** King, Keidra  
**Sent:** Monday, August 04, 2014 3:16 PM  
**To:** Stenberg, Beth  
**Subject:** FW: RE:

Yours in Service,

Keidra D.C. King  
Metro Council District Four  
Councilman David Tandy  
601 West Jefferson Street  
Louisville, Kentucky 40202  
Office: 502.574.1104



*\*All meeting and public appearance request should be sent to [Districtfour@louisvilleky.gov](mailto:Districtfour@louisvilleky.gov) \**

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**From:** District 4  
**Sent:** Monday, May 05, 2014 1:27 PM  
**To:** Kim Sickles  
**Subject:** RE: RE:

Hello Kim,

CM Tandy has agreed to support this NDF application. The form that you used is outdated. Please use the attached new form.

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**From:** Kim Sickles [mailto:sicklesincrealty@bellsouth.net]  
**Sent:** Monday, April 28, 2014 7:01 PM  
**To:** District 4  
**Cc:** sicklesincrealty@bellsouth.net  
**Subject:** Re: RE:

Great. Looking forward to hearing from you. Thx. Kim

"Not Perfect, Just Forgiven"

From my iPhone

On Apr 28, 2014, at 4:32 PM, District 4 <[District4@louisvilleky.gov](mailto:District4@louisvilleky.gov)> wrote:

Hello Kim,  
District four has received your NDF. I'll be in contact in the near future if we are able to sponsor this event at the level this year.

Yours in Service,

Keidra D.C. King  
Metro Council District Four  
Councilman David Tandy  
601 West Jefferson Street  
Louisville, Kentucky 40202  
Office: 502.574.1104  
<image001.gif>

*\*All meeting and public appearance request should be sent to [Districtfour@louisvilleky.gov](mailto:Districtfour@louisvilleky.gov) \**

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**From:** KIMBERLY SICKLES [mailto:sicklesincrealty@bellsouth.net]  
**Sent:** Tuesday, April 15, 2014 3:05 PM  
**To:** KIMBERLY SICKLES; District 4  
**Subject:** Re:

Hi Keidra, Can you provide me with an update? thanks

Kim Sickles, ABR, GRI, SFR  
Realtor/Realtist  
**SICKLES INC REALTY**  
3215 Fern Valley Road Ste. 105  
Louisville, KY 40213  
502/966-9338 - Off /502-966-6040 - Fax  
502/592-5298 - Cell  
[www.glarhomes.com/sicklesinc](http://www.glarhomes.com/sicklesinc)  
"list with Sickles cause Sickles sells"

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**From:** KIMBERLY SICKLES <[sicklesinrealty@bellsouth.net](mailto:sicklesinrealty@bellsouth.net)>  
**To:** "district4@louisvilleky.gov" <[district4@louisvilleky.gov](mailto:district4@louisvilleky.gov)>  
**Cc:** sickles inc realty <[sicklesinrealty@bellsouth.net](mailto:sicklesinrealty@bellsouth.net)>  
**Sent:** Tuesday, April 1, 2014 11:39 AM  
**Subject:**

Hi Keidra, it is that time of the year again! That the Corinthian Development Corporation (Community Unity Festival) seek assistance with our 4th Annual Community Unity Festival. Please find the NDF Grant Request Application attached. I may be reached at the below information. As always we appreciate your assistance.

**Kim Sickles, ABR, GRI, SFR**  
Realtor/Realtist  
**SICKLES INC REALTY**  
3215 Fern Valley Road Ste. 105  
Louisville, KY 40213  
502/966-9338 - Off /502-966-6040 - Fax  
502/592-5298 - Cell  
[www.glarhomes.com/sicklesinc](http://www.glarhomes.com/sicklesinc)  
"list with Sickles cause Sickles sells"

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