

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

Applicant/Program: Corinthian Development Corporation/ Unity Festival

Executive Summary of Request:
District Four is allocating funding to support the 6th annual Community Unity Festival . This event will be held on September 17, 2016 from 11AM-6PM and it is free to the public. The festival will consist of games, rides, free health screening, and economic development consultant opportunities.

Is this program/project a fundraiser? Yes No
 Is this applicant a faith based organization? Yes No
 Does this application include funding for sub-grantee(s)? Yes 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 # Dalla Jaray / KK Council Member Signature 4000 Amount 8/22/2016 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:
_____ Date
Appropriations Committee Chairman

Clerk's Office Only:
Request Amount: _____ Committee Amended Appropriation: _____
Original Appropriation: _____ Council Amended Appropriation: _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST**

Legal Name of Applicant Organization:	
Program Name and Request Amount:	
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> ...
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> N/A
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> N/A
Prepared by: <i>Keenan DeKey</i>	Date: <i>8/22/16</i>



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION			
Legal Name of Applicant Organization:		CORINTHIAN DEVELOPMENT CORPORATION <small>(as listed on: http://www.sos.ky.gov/business/records)</small>	
Main Office Street & Mailing Address: 1916 W. JEFFERSON ST. LOUISVILLE, KY 40203			
Website:			
Applicant Contact:	KIMBERLY SICKLES	Title:	EXECUTIVE DIRECTOR
Phone:	502/592-5298	Email:	SICKLESINCREALTY@BELLSOUTH.NET
Financial Contact:	KIMBERLY SICKLES	Title:	CORINTHIAN BAPTIST CHURCH ASST. TREASURER
Phone:	502/592-5298	Email:	SICKLESINCREALTY@BELLSOUTH.NET
Organization's Representative who attended NDF Training: KIMBERLY SICKLES			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	1916 W. JEFFERSON ST. LOUISVILLE, KY 40203		
Council District(s):	DISTRICT 4	Zip Code(s):	40203
SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: 6TH ANNUAL COMMUNITY UNITY FESTIVAL			
Total Request: (\$)	4000.00	Total Metro Award (this program) in previous year: (\$)	4000.00
Purpose of Request (check all that apply):			
<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)			
The Following are Required Attachments:			
<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	
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.			
Source:	METRO COUNCIL DISTRICT 4	Amount: (\$)	4000.00
Source:		Amount: (\$)	
Source:		Amount: (\$)	
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			

KS



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 YOUTH MENTORING PROGRAMS AND TO PROVIDE A FORUM FOR ECONOMIC DEVELOPMENT

KP



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 (6TH 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 participating vendors, entertainment, food 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 September 17, 2016 from 11am-6pm. This is an annual festival. We have contacted the city regarding having a street permit closure for 19th Street between Jefferson and Cedar Streets, in conjunction with the East and West sides of Green Alley. We do not expect a denial, as we have received all previous years requested.

We have attached a proposal sheet from Games 2 U and More Bouce Inflatables, LLC, these vendors have been with us for the last few years.

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

RIDES	\$2675.00
GAMES	\$ 200.00
SUPPLIES/SHELTER	\$ 330.00
ARTS/CRAFTS	\$ 100.00
SECURITY	\$1100.00
ADVERTISEMENT	\$1500.00
EQUIPMENT/RENTAL (microphones)	\$1100.00 (port-a-pots, eye catchers, generators, stage and



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.

KA



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 Proposed Metro Funds	Column 2 Non-Metro Funds	Column (1+2)=3 Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)	4000	3005	7005
J: Small Equipment			
K: Capital Equipment			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS			
<i>% of Program Budget</i>	57 %	43 %	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)	2205
Fees Collected from Program Participants	800
Other (please specify)	
<i>Total Revenues for Activities / Expenses **</i>	3005

*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).

Donor* / Type of Contribution	Value of Contribution	Method of Valuation
CORINTHIAN BAPTIST CHURCH	8500	USE OF CHURCH PARKING, EQUIP. AND BUILDING
VOLUNTEERS	18000	100 VOL. @ 1500 HRS, 10 VOL. @ 30 HRS @ 10.00 PER HR
DONATIONS	1100	HEALTH SCREENING
DONATIONS	500	SPONSORSHIP
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	28100	

* 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 INQUIRED 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. ADDITIONALLY, WE WILL INCREASE THE SECURITY LEVEL WITH CORINTHIAN DEVELOPMENT COPORATION VOLUNTEERS AND 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.

N/A

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.

Signature of Legal Signatory:		Date:	8/7/16
Legal Signatory: (please print):	KIMBERLY SICKLES	Title:	EXE. DIRECTOR
Phone:	502/592-5298	Extension:	
		Email:	SICKLESINCREALTY@BELLSOUTH.NET

Corinthian Development Corporation

1916 West Jefferson Street

Louisville, KY 40203

Office: (502) 583-4541

Fax: (502) 583-5881

August 8, 2016

Keidra D.C.King

District 4

RE: Corinthian Development Corporation
Community Unity Festival – NDF Grant Application

Please be advised that Corinthian Development Corporation has no paid staff, and the Board of Directors have no term limits.

Respectfully,



Kimberly Sickles

Executive Director- Community Unity Festival

King, Keidra

From: KIMBERLY SICKLES <sicklesincrealty@bellsouth.net>
Sent: Monday, August 22, 2016 6:31 PM
To: King, Keidra
Subject: Re: NDF application for Corinthian Dev. Corp.

I'm traveling until the weekend.

I will send upon my return. and our board members have no term limits. Can you use this or does it need to be a formally typed?

Thx. Kim

"Living to hear two words.. Well Done"

From my iPhone

On Aug 22, 2016, at 6:13 PM, King, Keidra <Keidra.King@louisvilleky.gov> wrote:

Hello Kim,
Page one of the application is not initialed. Also, while you did include the board members the terms and term limits were not listed. Please send me the information. You do not need to send the entire package again, just the parts that need to be corrected.

Thanks

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 District4@louisvilleky.gov*

From: KIMBERLY SICKLES [<mailto:sicklesincrealty@bellsouth.net>]
Sent: Monday, August 22, 2016 9:08 AM
To: King, Keidra
Cc: Kim Sickles
Subject: Re: NDF application for Corinthian Dev. Corp.

Good morning, here you go. thanks

Kim Sickles, ABR, GRI, SFR
Realtor/Realtist
SICKLES INC REALTY
3215 Fern Valley Road Ste. 105

Corinthian Development Corporation

1916 West Jefferson Street
Louisville, KY 40203

Office: (502) 583-4541

Fax: (502) 583-5881

August 8, 2016

Current Board of Directors

Lenix Burns, Jr.

James Covington

Tony Ford

Larry J. Houston, Pastor

James Hudson, Sr.

Gregory Meriwether

Ron Sickles, Sr.

CDC Budget- Income & Expenses

<i>January 1 – December 31, 2015</i>	Projection 2016 Budget Amount	2015
Total Income	\$97,963.00	\$92,418.00
Expenses		
UTILITIES (LG&E and Water)	\$8,695.00	\$8,203.00
INSURANCE	\$8,447.00	\$7,969.00
MISC (T-Mobile, OPC, Misc, KY annual renewal, Grass)	\$10,304.00	\$9,721.00
LOAN – 3537881	\$70,925.00	\$70,925.00
CREDIT CARD (LOWES)	\$3,346.00	\$3,157.00

CDC BUDGET – INCOME & EXPENSES CONT

January 1, 2015 – December 31, 2015	Projection 2016 Budget Amount	2015
CCLC LOAN	\$2,263.00	\$2,135.00
TOTAL EXPENSES	\$108,235.00	102,110.00
INCOME LESS EXPENSES	-\$6,017	-\$9692.00

Corinthian Development Corporation

1916 West Jefferson Street

Louisville, KY 40203

Office: (502) 583-4541

Fax: (502) 583-5881

August 8, 2016

Keidra D.C. King

District 4

RE: Corinthian Development Corporation
Community Unity Festival – NDF Grant Application

Please be advised that Corinthian Development Corporation has no paid staff, and the Board of Directors have no term limits.

Respectfully,



Kimberly Suckles

Executive Director- Community Unity Festival

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

DEPARTMENT OF THE TREASURY

Date: JUN 23 2004

Employer Identification Number:

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

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

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).

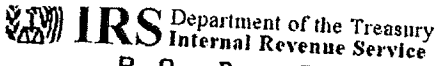
Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

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)



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 024820566
Dec. 16, 2012 LTR 4168C E0

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0001707

BODC: TE

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

1921

Employer Identification Number: [REDACTED]
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 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.

Return of Organization Exempt From Income Tax

2015

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the **2015** calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final 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 or town State ZIP code
LOUISVILLE KY 40203
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number _____
E Telephone number (502)583-4541

F Name and address of principal officer:
DOYLE JONES SR 1916 W JEFFERSON STREET, LOUISVILLE, KY 40

G Gross receipts \$ **116,43**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates 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**

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>ECONOMIC DEVELOPMENT</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	0	
	9 Program service revenue (Part VIII, line 2g)	0	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-9,068	20,39
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-9,068	20,39
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		0	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		0	
19 Revenue less expenses. Subtract line 18 from line 12	-9,068	20,39	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,055,039	End of Year 1,055,039
	21 Total liabilities (Part X, line 26)	876,133	855,74
	22 Net assets or fund balances. Subtract line 21 from line 20	178,906	199,29

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 _____ Date _____
DOYLE JONES SR **PRESIDENT**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date
Charles Alexander III **Charles Alexander III** **2/13/2016**

Firm's name ▶ **Charles Alexander III, CPA** Firm's EIN _____
 Firm's address ▶ **930 E Broadway, Louisville, KY 40204-1057** Phone no. **(502) 584-2375**

Check if self-employed PTIN _____

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 25a.</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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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 Section 501(c)(3) organizations. 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? Note. 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 or note to any line in this Part V.

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, Form W-3, unrelated business income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 or note to any line in this Part VI.

Section A. Governing Body and Management

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

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

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

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, address, and telephone number of the person who possesses the organization's books and records: ▶

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 or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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) LINDA KING PRESIDENT	10.00	X		X						
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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)										
1b Sub-total							0	0		
c Total from continuation sheets to Part VII, Section A							0	0		
d Total (add lines 1b and 1c)							0	0		

2 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**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
4 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
5 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>		

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

2 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 VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sectio 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	0				
	1b	Membership dues	0				
	1c	Fundraising events	0				
	1d	Related organizations	0				
	1e	Government grants (contributions)	0				
	1f	All other contributions, gifts, grants, and similar amounts not included above	0				
	g	Noncash contributions included in lines 1a-1f:	\$ 0				
	h	Total. Add lines 1a-1f	0				
	Program Service Revenue	2a	Business Code	0			
b			0				
c			0				
d			0				
e			0				
f		All other program service revenue	0				
g		Total. 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	(i) Real					
		(ii) Personal					
		116,437					
	b	Less: rental expenses	96,046				
	c	Rental income or (loss)	20,391	0			
	d	Net rental income or (loss)	20,391				
	7a	(i) Securities					
		(ii) Other					
		0	0				
		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.		0				
	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.		0				
	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		0				
	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	Total. Add lines 11a-11d		0				
12	Total revenue. See instructions		20,391	0	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 or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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		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	0	0	
23	Insurance	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	Total functional expenses. Add lines 1 through 24e	0	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	0	4	
	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	0	7	
	8	Inventories for sale or use		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
	11	Investments—publicly traded securities	0	11	
	12	Investments—other securities. See Part IV, line 11	0	12	
	13	Investments—program-related. See Part IV, line 11	0	13	
	14	Intangible assets	0	14	
	15	Other assets. See Part IV, line 11	0	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,055,039	16	1,055,039	
Liabilities	17	Accounts payable and accrued expenses	109,318	17	119,013
	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	766,815	23	736,729
	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	0	25	0
	26	Total liabilities. Add lines 17 through 25	876,133	26	855,742
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	178,906	27	199,297
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	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	178,906	33	199,297	
34	Total liabilities and net assets/fund balances	1,055,039	34	1,055,039	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)		
2	Total expenses (must equal Part IX, column (A), line 25)	20,391	
3	Revenue less expenses. Subtract line 2 from line 1	0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	20,391	
5	Net unrealized gains (losses) on investments	178,906	
6	Donated services and use of facilities		
7	Investment expenses		
8	Prior period adjustments		
9	Other changes in net assets or fund balances (explain in Schedule O)		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))		199,297

Part XII Financial Statements and Reporting

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

1	Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual	<input type="checkbox"/> Other	Yes	No
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				2a	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				2b	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.				2c	
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?				3a	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				3b	

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2015

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

Employer identification number

CORINTHIAN DEVELOPMENT CORPORATION

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 (Form 990 or 990-EZ).)
 - 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____
 - g Provide the following information about the supported organization(s): _____

0

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total						0	0

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	79,810	54,681	58,554	56,828	116,437	366,310
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	79,810	54,681	58,554	56,828	116,437	366,310
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						366,310

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	79,810	54,681	58,554	56,828	116,437	366,310
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 Total support. Add lines 7 through 10						366,310
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. 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 stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	100.00%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	100.00%
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2014. 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 stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 Total. 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 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14 First five years. 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 stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	0.00%

19a **33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3	0	
5	Depreciation and depletion		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)		
7	Other expenses (see instructions)		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	0	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities		
b	Average monthly cash balances		
c	Fair market value of other non-exempt-use assets		
d	Total (add lines 1a, 1b, and 1c)	0	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d	0	0
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	0	0
6	Multiply line 5 by .035	0	0
7	Recoveries of prior-year distributions	0	0
8	Minimum Asset Amount (add line 7 to line 6)	0	0

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)		0
2	Enter 85% of line 1		0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)		0
4	Enter greater of line 2 or line 3		0
5	Income tax imposed in prior year		0
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)		0

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).



Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2015 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	0.000

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013 0			
e	From 2014 0			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2015 distributable amount			0
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2015 from Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2015 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).		0	
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			0
7	Excess distributions carryover to 2016. Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013 0			
d	Excess from 2014 0			
e	Excess from 2015 0			



Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Area with horizontal dashed lines for supplemental information.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

Employer identification number

CORINTHIAN DEVELOPMENT CORPORATION

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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.	
a Total number of conservation easements	Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	2d
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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" on 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) Revenue included on 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 Revenue included on 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" on 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 | 0 |
| e Distributions during the year | 0 |
| f Ending balance | 0 |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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	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 on 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input type="checkbox"/> |
- b If "Yes" on line 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,055,039

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) 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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

CORINTHIAN DEVELOPMENT CORPORATION

Form 990, Part I, Section 1, Line 3: NO CHANGE IN BOARD COMPOSITION

Name of the organization

Employer identification number

CORINTHIAN DEVELOPMENT CORPORATION



Area with horizontal dashed lines for supplemental information.

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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, (b) 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. 22nd St., Louisville, KY 40211

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

Nocie V. Cornelius, 721 S. 37th St., Louisville, KY 40211

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

Christina Sharpe, 42`14 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 its 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 or 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:

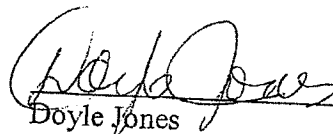
(A) For any transaction in which the director's personal financial interest is in conflict with the financial interests of the corporation;

(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

Corinthian Development Corporation

1916 West Jefferson Street

Louisville, KY 40203

Office: (502) 583-4541

Fax: (502) 583-5881

August 8, 2016

Corinthian Development Corporation

Community Unity Festival September 17, 2016

Proposed funds to be used

Metro funds to be used as follows:

Rides:	2675.00
Equipment/rental:	1100.00
(rental/purchase-port-a-pots, eye catchers Generators, stage and equipment, microphones)	
Security	<u>225.00</u>
	4000.00

Non Metro Funds to be used as follows:

Games	200.00
Supplies/Shelter	330.00
Arts/Crafts	100.00
Security	875.00
Advertisement	<u>1500.00</u>
	3005.00

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
Business name/disregarded entity name, if different from above

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, Partnership) Except payee
 Other (see instructions)

Address (number, street, and apt. or suite no.)
1716 West Jefferson Street
City, state, and ZIP code
Lou, Ky 40203

Requester's name and address (optional)

Employer 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

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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 4.

Sign Here: *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 partners' 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 partners' 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.

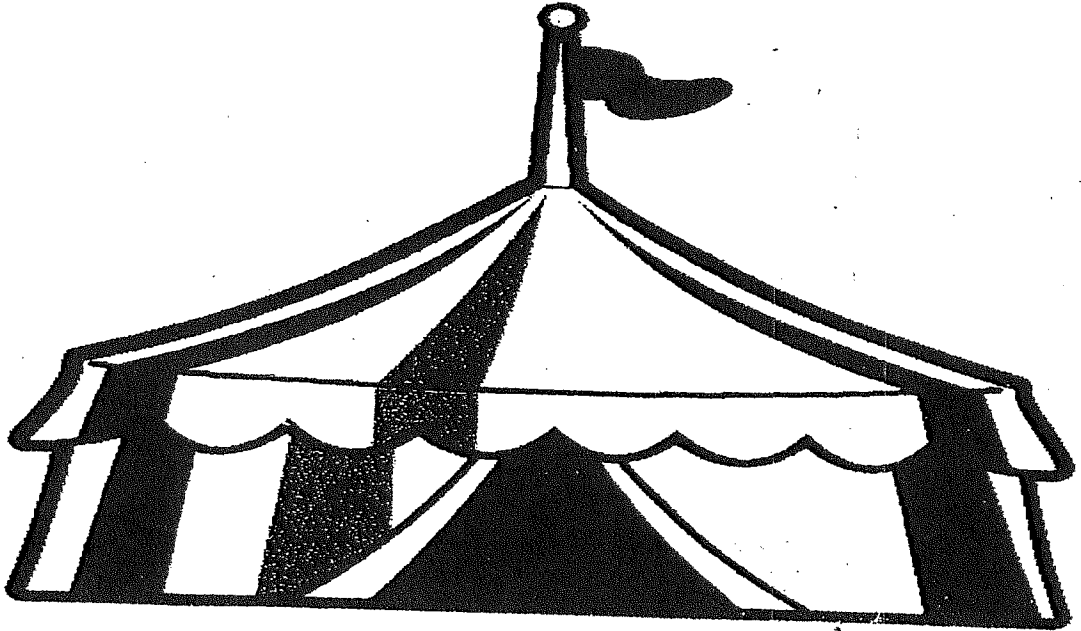
Corinthian Development Corporation

1916 West Jefferson Street

Louisville, KY 40203

Office: (502) 583-4541

Fax: (502) 583-5881



TO ALL,

Are you looking for something the whole family can do together that is affordable? Join us on **September 17, 2016 from 11am – 6pm at the 6th Annual Community Unity Festival** located on 19th Street between Jefferson and Cedar Streets and 1918 Green Alley (behind Corinthian Baptist Church 1916 W. Jefferson, in the rear parking lot), sponsored by Corinthian Development Corporation, River City Bank, Louisville Metro Council District 4, and Sickles Inc Realty. There will be food, cotton candy, snow cones, free health screening, vendors, games and rides for all ages, such as moon walk, giant inflatable slides, board games and much more. Please come out and join the fun you will be glad you did.

Corinthian Development Corporation

1916 W. Jefferson St., Louisville, KY 40203 Phone: 502-583-4541; FAX 502-583-5881

June 21, 2016

Dear Sponsor:

Corinthian Development Corporation is a non-profit 501(C) 3 organization which is community based and provides basic computer training, sports activities and family fitness. Corinthian Development Corporation is currently in the process of planning its 6th annual event in which the entire community will participate. The event entitled "Community Unity Festival" will be held **September 17, 2016**, on 19th Street between Jefferson and Cedar Streets and in the rear parking lot of Corinthian Baptist Church, 1918 Green Alley.

With your tax deductible donation The Community Unity Festival will host a showcase of different activities (games, booths, raffles, economic opportunities). In addition, perform various free Health Screenings for individuals that would normally not receive these services due to loss of employment or not having health insurance.

Current Needs

- | | | |
|-----------------------------|-----------------------------|-------------------------|
| Tents | Building Materials | Kids Crafts |
| Portable Basketball Goals | Monetary Donations | Tables and Chairs |
| Drinks (water, juice, soda) | Snacks | Kids & Adult Bicycles |
| Port-A-Pots | Electrical Cords/Generators | Outdoor Portable Lights |
| Trash Cans/Liners | T-Shirts | Gift Certificates |

We have the following sponsorship levels available.

Platinum \$500.00 or more-sponsor(s) will be listed on All Promotional Items, including radio spots and hourly announcements, Banner and Flyers

Gold \$250.00 or more-sponsor(s) will be listed on Banner and Flyers

Silver \$150.00 or more-sponsor(s) will be listed on Flyers

Booth Rentals Available

Vendor Booth \$75 (\$50 if paid by 7-31-16)

Food Vendor Booth \$150 (\$125 if paid by 7-31-16)

Together, we can provide the community with a fun filled, safe and healthy Community Unity Festival. Please take this opportunity to play a significant role in this annual event. If you need additional Information or have questions, please do not hesitate to contact us a (502) 583-4541.

Kimberly Sickles, Executive Director

"Pursuing Excellence"



CORINTHIAN DEVELOPMENT CORPORATION
1916 WEST JEFFERSON STREET
LOUISVILLE, KY 40203

1365

21-72/830

PAY TO THE
ORDER OF

Ky State Treasurer

Fifteen

\$ 15.00

00/100 DOLLARS

Security features included. Details on back.



Kimby Lull
Judith King

MEMO REG ID: 0228700

MP

Org ID: 
0228700

2016 Annual Report
Due June 30, 2016

State: KY Fee: \$15.00
0228700

CORINTHIAN DEVELOPMENT CORPORATION

Shaded items cannot be changed on this card.

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

List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. Addresses default to principal office unless otherwise specified.

President DOYLE JONES SR LEROY A. FORD SR.
Treasurer KIM SICKLES
Vice President LENIX BURNS JR
Secretary

Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. Provide names and addresses below. Addresses default to principal office unless otherwise specified.

Director GREG MERIWETHER
Director LENIX BURNS JR
Director DOYLE JONES SR LEROY A. FORD SR.

Avoid a penalty fee of \$100. File online at <http://app.sos.kv.gov/arp/0228700> OR sign and return the required \$15.00 filing fee no later than June 30, 2016.

I hereby certify that I am authorized to submit this annual report, and I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct as of 19day.

Kimby Lull
Signature of officer or chairman of the board (Required)

Title (Required)

Date (Required)

Corinthian Development Corporation

1916 W. Jefferson St., Louisville, KY 40203

Phone: 502-583-4541; FAX 502-583-5881

April 9, 2016

Alison Lundergan Grimes
Kentucky Secretary of State
P.O. Box 1150
Frankfort, KY 40602-1150

To whom it may concern:

Statement of Change:

Principal Office: LEROY A. FORD SR., 1916 W. JEFFERSON ST., LOUISVILLE KY 40203
Registered Agent: LEROY A. FORD SR., 1916 W. JEFFERSON ST., LOUISVILLE KY 40203

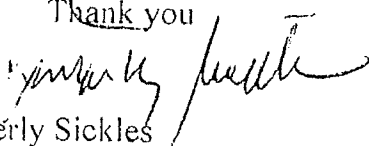
Current officers:

President: LEROY A FORD SR.
Treasurer: KIM SICKLES
Vice President: LENIX BURNS JR.

Current Directors:

Director: GREGORY K. MERIWETHER
Director: LENIX BURNS JR.
Director: LEROY A. FORD SR.

Thank you



Kimberly Sickles
Treasurer Corinthian Development Corporation

"Pursuing Excellence"

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

0228700.09 dcornish
RAC
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
7/12/2016 8:44 AM
Fee Receipt: \$10.00

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3400
http://www.sos.ky.gov

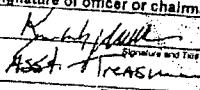
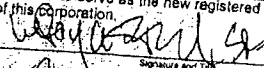
Statement of Change of
Registered Office, Registered
Agent, or Both

RAC

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the registered office, registered agent, or both on behalf of

CORINTHIAN DEVELOPMENT CORPORATION

which is organized in the state of Kentucky, and for that purpose submits the following statements:

1. Name of current registered agent DOYLE JONES	2. Registered agent is hereby changed to: LEROY FOLLO, SR.
3. Address of current registered office 1816 W. JEFFERSON ST. LOUISVILLE, KY 40203	4. Registered office is hereby changed to: 1916 W. Jefferson St. Louisville, Ky 40203
5. Signature of officer or chairman of the board  Asst. Treasurer 7/3/16 Date	6. Consent of new agent I consent to serve as the new registered agent on behalf of this corporation.  LEROY FOLLO, SR. Date

NUMBER OF COPIES
Submit one exact or conformed copy (may be a photocopy).

FILING FEES
The filing fee is \$10.00. Your check should be made payable to "Kentucky State Treasurer."

NOTE: The business entity must be in good standing upon the records of the Secretary of State before current statements or documents can be filed (30 KAR 1:010).

RAC (1/2011)

To download full page copies of the document, please visit our web site at www.sos.ky.gov. If you would like to request copies of the document from our office, please download the Records Request Form at www.sos.ky.gov and submit to our Records department.

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

0228700

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Statement of Change of
Registered Office, Registered
Agent, or Both

RAC

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the registered office, registered agent, or both on behalf of

CORINTHIAN DEVELOPMENT CORPORATION

which is organized in the state of Kentucky, and for that purpose submits the following statements:

1. Name of current registered agent

DOYLE JONES

2. Registered agent is hereby changed to:

LEROY FORD, SR.

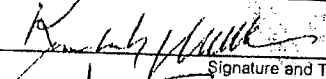
3. Address of current registered office

1916 W. JEFFERSON ST.
LOUISVILLE, KY 40203

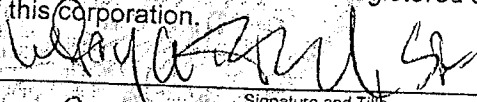
4. Registered office is hereby changed to:

1916 W. Jefferson St,
Louisville, Ky 40203

5. Signature of officer or chairman of the board


Signature and Title
Asst. Treasurer
Type or print name and title
2/3/16
Date

6. Consent of new agent

I consent to serve as the new registered agent on behalf of this Corporation.

Signature and Title
LEROY FORD, SR.
Type or print name and title

NUMBER OF COPIES

Submit one exact or conformed copy (may be a photocopy).

FILING FEES

The filing fee is \$10.00. Your check should be made payable to "Kentucky State Treasurer."

NOTE: The business entity must be in good standing upon the records of the Secretary of State before current statements or documents can be filed (30 KAR 1:010).

Registrar of Vital Statistics Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

4497189

KENTUCKY CERTIFICATE OF DEATH

116 201603206

Case #: E201601260137

To Be Completed By: Funeral Director (Must Be Typed)

To Be Completed By: Medical Certifier

1a. DECEDENT'S LEGAL NAME (First, Middle, Last) (Include AKA's if any) DOYLE JONES, SR		1b. IF FEMALE, DECEDENT'S LAST NAME PRIOR TO FIRST MARRIAGE N/A		2. SEX MALE	
3. ACTUAL OR PRESUMED DATE OF DEATH (Month/Day/Year) (Spell Month) January 21, 2016		4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE - LAST BIRTHDAY (Years) 79	
6. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Dead on Arrival OTHER: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify)		5b. UNDER 1 YEAR Months: _____ Days: _____		5c. UNDER 1 DAY Hours: _____ Minutes: _____	
9. FACILITY NAME (If not institution, give street and number) KINDRED HOSPITAL - LOUISVILLE		10. CITY OR TOWN, STATE AND ZIP CODE LOUISVILLE, KY 40204		8. DATE OF BIRTH (mm/dd/yyyy) 04/11/1936	
11. BIRTH-PLACE (City and State or Foreign Country) FRANKLIN, GEORGIA		12. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		7. COUNTY OF DEATH JEFFERSON	
14. DECEDENT'S USUAL OCCUPATION (Kind of work done during most of working life) (Do not use retired) MANAGER OF MATERIALS		15. KIND OF BUSINESS/INDUSTRY APPLIANCE MANUFACTURING		13. SURVIVING SPOUSE (If wife, give name prior to first marriage) JUANITA MICKLES	
17a. RESIDENCE - State KENTUCKY		17b. COUNTY JEFFERSON		16. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 8th Grade or Less <input type="checkbox"/> 9th - 12th Grade; No Diploma <input type="checkbox"/> High School Graduate or GED Completed <input type="checkbox"/> Some College (24 or less credit hours) <input type="checkbox"/> Associates Degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g., BA, BS) <input type="checkbox"/> Master's Degree (e.g., MA, MS, MEd, MEdW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LL.D., JD)		17c. CITY OR TOWN LOUISVILLE		17d. ZIP CODE 40241	
21. FATHER'S NAME (First, Middle, Last) LUBY JONES		22. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) PRECIOUS RIDLEY		20. DECEDENT'S RACE (Check one or more boxes to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (Specify)	
23a. INFORMANT'S NAME JUANITA JONES		23b. RELATIONSHIP TO DECEDENT SPOUSE		23c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 2908 ASPENDALE CT., LOUISVILLE, KY 40241	
24. METHOD OF DISPOSITION (Check only one): <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) LOUISVILLE MEMORIAL GARDENS EAST		26. LOCATION - City, Town, and State LOUISVILLE, KY	
27. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such) JEFFREY L. GARDNER		DATE SIGNED (mm/dd/yyyy) 01/28/2016		28. KY LICENSE NUMBER (of licensee) 4970	
30. DATE PRONOUNCED DEAD (mm/dd/yyyy) 01/21/2016		31. ACTUAL OR PRESUMED TIME OF DEATH 0428		29. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY A. D. PORTER & SONS, INC 1300 W. CHESTNUT ST LOUISVILLE, KY 40203	
33. PART I. Enter the <u>chain of events</u> , diseases, injuries, or complications - that caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on each line. IMMEDIATE CAUSE (Final reason or condition resulting in death) -> a. CHRONIC RESPIRATORY FAILURE DUE TO (OR AS A CONSEQUENCE OF): b. COPD DUE TO (OR AS A CONSEQUENCE OF): c. PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF): d.		34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined		Approximate Interval Between Onset and Death 1 YEAR(S)	
35. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before a death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within past year	
39. DATE OF INJURY (Month/Day/Year) (Spell Month)		40. TIME OF INJURY		41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
42. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)		43. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		44. DESCRIBE HOW INJURY OCCURRED:	
45. TO BE COMPLETED BY CERTIFIER To the best of my knowledge, death occurred at the time, date, and place, and due to cause(s) and manner stated.		46. SIGNATURE MOUTAZ AL NABHAN, MD		47. DATE CERTIFIED (mm/dd/yyyy) 02/08/2016	
48. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (ITEM 33) LOUISVILLE LUNG CARE PLLC, 3906 DUTCHMANS LN STE 2F, LOUISVILLE, KY 40207		49. LICENSE NUMBER 42043		50. TITLE OF CERTIFIER PHYSICIAN	
51. REGISTRAR'S SIGNATURE Paul F. Royce		52. DATE FILED (mm/dd/yyyy) 02/09/2016			



THIS PAPER CONTAINS A GENUINE WATERMARK WHICH CAN BE VIEWED BY TRANSMITTED LIGHT.

I, Paul F. Royce, Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this _____ 9th _____ 2016.

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

0228700

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Statement of Change of
Principal Office Address

POC

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the principal office on behalf of

CORINTHIAN DEVELOPMENT CORPORATION

which is organized in the state of Kentucky, and for that purpose submits the following statements:

1. Address of current principal office

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

2. Principal office is hereby changed to:

VERBOY FORD, SR.

3. Signature of officer or chairman of the board

[Handwritten Signature]

Signature and Title

ASST. Treasurer

Type or print name and title

7/3/16

Date

NUMBER OF COPIES

Submit one exact or conformed copy (may be a photocopy).

FILING FEES

The filing fee is \$10.00. Your check should be made payable to "Kentucky State Treasurer."

NOTE: The business entity must be in good standing upon the records of the Secretary of State before current statements or documents can be filed (30 KAR 1:010).

Alison Lundergan Grimes
Secretary of State
P. O. Box 1150
Frankfort, KY 40602-1150
(502) 564-3490
<http://www.sos.ky.gov>

**RE: Change in Address
on Annual Report**

**CORINTHIAN DEVELOPMENT CORPORATION
ATTN: LEROY A FORD SR.
1916 W. JEFFERSON ST.
LOUISVILLE, KY 40203**

The Office of the Secretary of State filed the annual report you submitted regarding the above mentioned corporation. On that annual report, a notation was made to change the address/agent. By law, a change in address/agent cannot be made on an annual report. For that reason, we did not modify the address/agent for your corporation.

If you wish to change the address/agent a statement of change must be filed. If you wish to file online, please visit <http://www.sos.ky.gov/orgsearch>. The filing fee for this address/agent change is on the form. Please feel free to contact our office if you have any additional questions.

Thank you for choosing Games2U!
Please review your event information below:

Your Event Details:

Event Confirmation Number: 21427

Customer Name: Archie Clark / *Carinthian Dev. Corp.*

Event Location: 1916 W Jefferson St
Louisville, KY 40203

Date: Saturday, September 17, 2016

Start Time: 11:00am

End Time: 7:00pm

Duration: 8 hours

Your Activities:

Video Game Theater Party (Van) (11:00 - 7:00)

Gyroscope Party (Double Seat) (11:00 - 7:00)

Rockwall Challenge (11:00 - 7:00)

Invoice Details

Activity Charges:	\$5,400.00
Additional Charges:	\$0.00
Discounts:	(\$3,800.00)
Subtotal:	\$1,600.00
Tax:	\$0.00
Grand Total:	\$1,600.00
Balance Due:	\$1,600.00

NEXT STEPS:

1. Send your guests invitations using our exclusive designs!
 2. Order party favors for your event.
 3. Sit back and relax! We'll send you updates and reminders as your event date approaches.
-

INVOICE

More Bounce Inflatables, LLC 10310 Mary Dell
Lane
Louisville, KY 40299
Phone: 502-777-9386
Fax:

Invoice #: O1146
Created On: Aug 17, 2016
Event Start Date: Sep 17, 2016
Event End Date: Sep 17, 2016

Bill To:

Corinthian Development Corporation
1916 West Jefferson Street
Louisville, Ky 40203

DESCRIPTION	QUANTITY OF ITEMS	PRICE PER ITEM	TOTAL PRICE
Dream Castle 2	1	\$125.00	\$125.00
C4 Combo Module	1	\$200.00	\$200.00
All In 1 Sports Arena	1	\$350.00	\$350.00
Cars Double Lane Slide	1	\$375.00	\$375.00
Generator	1	\$50.00	\$50.00
Ride Attendants	5	\$50.00	\$250.00
Large Bouncer (Blue)	1	\$150.00	\$150.00

Subtotal: \$1,500.00
Discount: \$425.00
Delivery: \$0.00
Damage Waiver: \$0.00
0.00 % Tax: \$0.00
TOTAL PRICE: **\$1,075.00**
Amount Paid: \$0.00
Balance Due: \$1,075.00

THANK YOU FOR YOUR BUSINESS!

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	4/22/2016
Principal Office	ATTN: DOYLE JONES 1916 W. JEFFERSON ST. LOUISVILLE, KY 40203
Registered Agent	LEROY FORD SR. 1916 W. JEFFERSON ST. LOUISVILLE, KY 40203

Current Officers

President	<u>LEROY A FORD, 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>LEROY A FORD, 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>Registered Agent name/address change</u>	7/12/2016	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/22/2016	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/23/2015	1 page	<u>tiff</u>	<u>PDF</u>

Annual Report	8/19/2014	1 page	tiff	PDF
Annual Report	6/5/2013	1 page	PDF	
Annual Report	2/14/2012	1 page	PDF	
Annual Report	6/8/2011	1 page	tiff	PDF
Annual Report	4/27/2010	1 page	tiff	PDF
Annual Report	9/8/2009	1 page	tiff	PDF
Annual Report	2/14/2008	1 page	tiff	PDF
Annual Report	3/1/2007	1 page	tiff	PDF
Annual Report	3/14/2006	1 page	tiff	PDF
Annual Report	3/16/2005	1 page	tiff	PDF
Annual Report	5/12/2003	1 page	tiff	PDF
Annual Report	3/27/2002	1 page	tiff	PDF
Annual Report	11/7/2001	1 page	tiff	PDF
Reinstatement	4/10/2001	2 pages	tiff	PDF
Administrative Dissolution	11/1/2000	1 page	tiff	PDF
Annual Report	7/1/2000	1 page	tiff	PDF
Annual Report	4/20/1999	1 page	tiff	PDF
Annual Report	6/15/1998	1 page	tiff	PDF
Reinstatement	9/23/1997	2 pages	tiff	PDF
Administrative Dissolution	11/2/1992	1 page	tiff	PDF
Annual Report	7/1/1992	1 page	tiff	PDF
Annual Report	7/1/1991	2 pages	tiff	PDF
Annual Report	7/1/1990	1 page	tiff	PDF
Annual Report	7/1/1989	2 pages	tiff	PDF
Annual Report	7/1/1988	1 page	tiff	PDF
Articles of Incorporation	4/30/1987	4 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Registered agent address change	7/12/2016 8:44:44 AM	7/12/2016	
Annual report	4/22/2016 10:41:28 AM	4/22/2016	
Annual report	4/23/2015 9:10:59 AM	4/23/2015	
Annual report	8/19/2014 12:45:38 PM	8/19/2014	
Annual report	6/5/2013 12:16:41 PM	6/5/2013 12:16:41 PM	
Annual report	2/14/2012 1:30:32 PM	2/14/2012 1:30:32 PM	
Annual report	6/8/2011 9:33:20 AM	6/8/2011	
Annual report	4/27/2010 3:56:54 PM	4/27/2010	
	9/8/2009		

Annual report	10:31:58 AM	9/8/2009
Annual report	2/14/2008 11:14:14 AM	2/14/2008
Annual report	3/1/2007 2:13:39 PM	3/1/2007
Annual report	3/14/2006 2:57:48 PM	3/14/2006
Amendment - Amended and restated articles / CLP	4/13/2004 8:41:52 AM	4/13/2004
Reinstatement	4/10/2001 9:52:20 AM	4/10/2001
Admin Dis. A. report not in Reinstatement	11/1/2000	11/1/2000
Admin Dis. A. report not in	9/23/1997	9/23/1997
Admin Dis. A. report not in	11/2/1992	11/2/1992

Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Annual Report	3/3/2005	1 page
Annual Report	4/28/2004	2 pages
Amended and Restated Articles	4/13/2004	7 pages
Annual Report	5/12/2003	1 page
Annual Report	3/27/2002	1 page
Annual Report	11/7/2001	1 page
Reinstatement	4/10/2001	2 pages
Administrative Dissolution	11/1/2000	1 page
Annual Report	7/1/2000	1 page
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Articles of Incorporation	4/30/1987	4 pages